|  |
| --- |
| Please tick the following ‘flags’ that relates to your concern : |

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Child Protection – Neglect

Eating Disorder

Peer on Peer Abuse

Self-Harm

Sexual Harassment

Social Media Concerns

Emotional Abuse

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Bullying

Cyberbullying

Hate Crime

Racial Abuse

Sexual Assault

Substance Misuse

Radicalisation

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Anxiety

Child Protection – Sexual Abuse

Family Concerns

Physical Abuse

Sexting

Sexual Orientation Issues

Verbal Abuse

|  |  |  |
| --- | --- | --- |
| Name of Student : | Year Group : | |
| Staff Member : | Date of Incident : | Time : |

|  |  |
| --- | --- |
| Describe and detail the incident : | |
| Is this the first occurrence of the incident? 🞏 Yes / 🞏 No | |
| If No – please explain : | |
| Action you have taken to address the incident : | |
| Signed : | Date : |
| ***Please hand to DSL and discuss the issue – DSL notes :*** | |

***BODY MAP***

