



Godmanchester Baptist Church

Safeguarding Concern Form

Individual's name	
Activity/Event at GBC, or other location that incident occurred	
Date and time	
Leaders/Individuals present	
If at GBC, any other activities or people in the building or at the event?	
DETAILS OF INCIDENT (ie what happened; when did it happen; who was involved; who witnessed it?) Use Body Map, overleaf, if appropriate	
Action taken by you?	
Sign and print name:	
Date:	

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RESPONSE TO INCIDENT (action taken by Designated Person for Safeguarding)

Sign and print name:

Date:

BODY MAP

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. *Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.*

