



LONDON
COLLEGE OF
INTERNATIONAL
BUSINESS
STUDIES

Dock Manager's Offices
Surrey Quays Rd, London SE16 2XU, UK
Tel: +44(0)20 7242 1004 | www.lcibs.co.uk

Safeguarding Concern Form

Name of child/vulnerable adult
(if known):

Date of birth or age (of child):

Gender: (M/F)

Time, location, date of the incident/s: (if known)

The child's/vulnerable adult's
ID number (if known)

Any other observations/information:

Any action you may have taken:



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Name (print):	
Signed:	
Position:	
Your Preferred Contact Method (Tel: mobile: Email)	
Date:	