

FORM 2

Version 1

**RESPONDING TO ABUSE -
WORKERS ACTION SHEET**



Confidential

Name of Group _____

Name of Child/Young Person _____

Address _____

Date of Birth ____ / ____ / ____

Name of Person Reporting Incident _____

Date ____ / ____ / ____ Time of incident _____

Sequence of Events/Actual Words Used/Observations
(Use skin map overleaf where appropriate, but do not undress the child!)

Action Taken (including person(s) contacted)

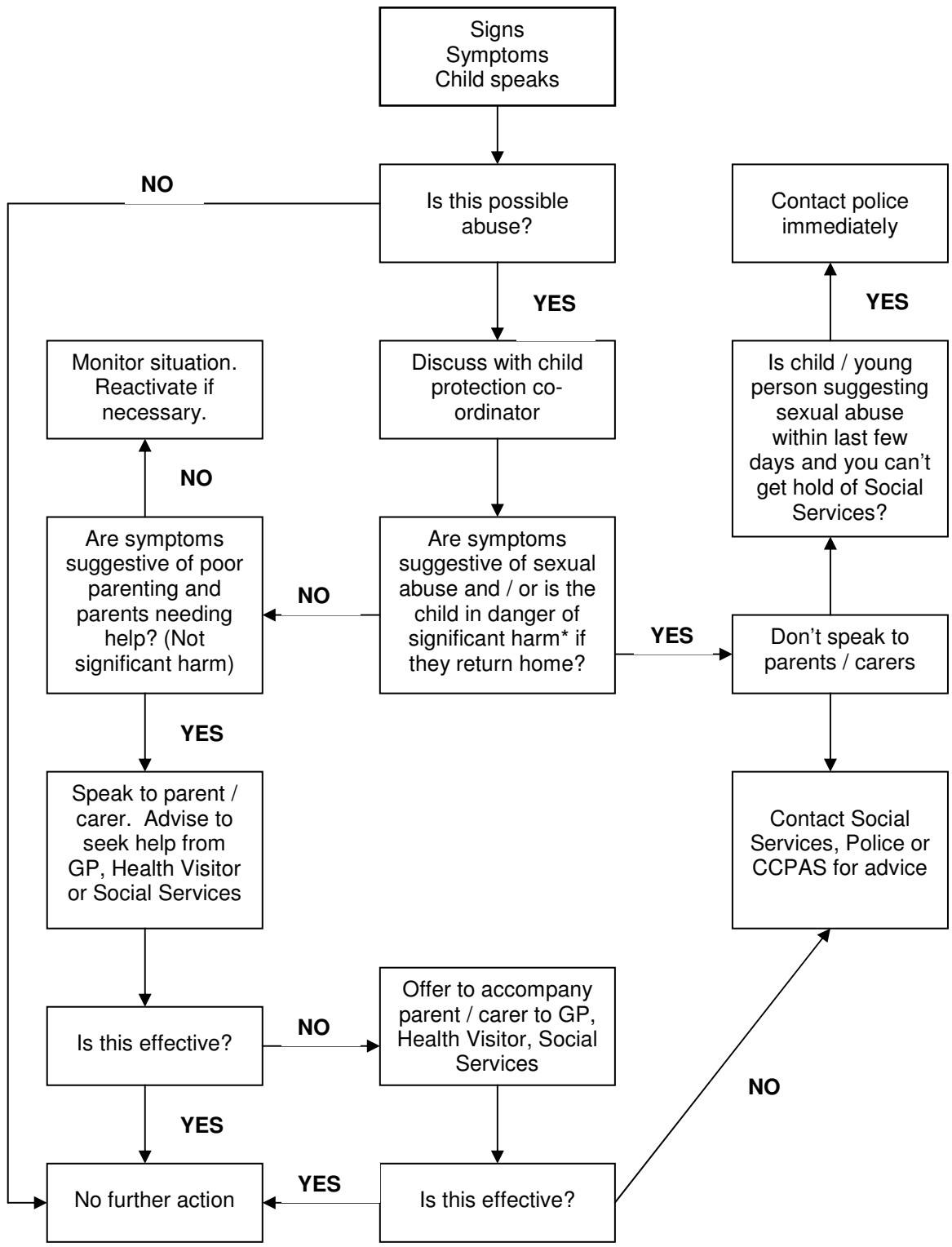
Date ____ / ____ / ____ Time _____

Notes: _____

RESPONDING TO ABUSE - WORKERS ACTION SHEET *(continued)*

Flow Chart for Action

This is not a substitute for a formal child protection policy.



SKIN MAPS

