

INITIAL CAUSE FOR CONCERN FORM

Date: _____

Time: _____

Name of individual: _____

Address: _____

Describe your concern and action taken:

Observations to support cause for concern:

Description and location of any visible marks, bruising etc.:

Name of alleged abuser, relationship with adult at risk (if known):

Signature of person completing the form:

Signed: _____ **Dated:** _____