FEPS Safeguarding Concern Form

FIELD END Photo-graphic SOCIETY

Name of the person raising the concern.....

Date .....

Contact details of person raising the concern

Mobile: .....

Email: .....

Is there a representative (advocate) making this concern on behalf of the young person or vulnerable adult?

if yes, please provide the Name and Contact information of the advocate:

_____

Please attach proof that the advocate has been authorised by the young person or vulnerable person to file the concern. For example, this can be in the form of a letter signed by the young person or vulnerable person giving permission to the advocate to make the Complaint on his / her behalf.

Please provide a factual description of your concern.

Date and time of concern:

Who is the victim:

Details: What did you see or hear that made you raise this concern:

Please use additional paper if needed.

Please send or give this completed form to the Chairperson (details in current Programme booklet) and/or the Secretary. If the complaint is about the Chairperson, please send your complaint to the Secretary (and vice-versa).

Your Signature: ..... Date: .....