

## 06.02a Low level concerns form

### Name of setting:

This form is to share any concern or 'nagging doubt' that a colleague may have acted in a manner that could be described as a 'low level' concern that may not meet the threshold of harm or be considered serious enough to refer to the LADO (Local Authority Designated Officer). A low-level concern may include behaviour that:

- is not consistent with the setting's code of conduct, for example, discriminatory or unsafe working practice or, being subject to a police caution, conviction or investigation that they have not disclosed to their line manager
- relates to conduct outside of work that has caused a sense of unease about their suitability to work with children, for example, behaving in a way that would bring the setting into disrepute

The above examples are not exhaustive. The person who has the concern must speak to the designated person as soon as possible. It is also helpful to document concerns, which can be done using this form and then passed to the designated person. If the concern is about the designated person, please speak to the designated officer (usually the setting's line manager).

If the concern has been raised through the setting's whistleblowing process, the designated person/setting manager will be informed and should complete this form as a record of the concern.

### Name of the person the concern/allegation is about:

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### Job title:

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### Date and time of incident:

(if the allegation or concern relates to a specific event)

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### Area of place where incident occurred:

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### Nature of Concern: (if not related to a specific incident)

Hand this form to the designated person or complete it together.

### Outcome decisions/actions to be taken :(Tick all that apply and give further details)

Refer to the designated officer if the concern could meet the threshold for reporting to the LADO and implement procedure 06.02 Allegations against staff, volunteers or agency staff.

No further action.

Gather further information and continue to monitor.

Support member of staff through supervision.

Follow procedures for disciplinary action.


**In all instances, please retain this record on the staff member's personal file.**

Signature of designated person:

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Date completed:

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