

Safeguarding Team Action Plan Form

(to be used in conjunction with the Safeguarding Disclosure Reporting form)

What action did the person disclosing want?	
Was immediate action required. If yes, state the action taken:	
Is further information/clarification needed?	Yes / No
Identified action/s (this may include, is anyone else at risk, is more information required, who else needs to be informed etc.)	
Action 1	
By whom	
Time scale	
Review date:	
Action 2	
By whom	
Time scale	
Review date:	
Action 3	
By whom	
Time scale	
Review date:	
Action 4	
By whom	
Time scale	
Review date:	
Action 4	
By whom	
Time scale	
Review date:	
Action 5	
By whom	
Time scale	
Review date:	

(add more rows if required).