

Safeguarding Incident Report Form

This form is to be used to record basic information in the light of an allegation, suspicion, or disclosure of a potential safeguarding concern. Completing this record should not stand in the way of contacting Police or other agencies in the event of an emergency or urgent safeguarding incident.

Name of the person completing this form (YOU):

Date and time of completing this form:

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Your position or relationship to who your
safeguarding concern is about:

Your telephone number:

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Your Address:

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Name/names of person/s the safeguarding concern
incident: or incident is about:

Date and time of any

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Address (if known) of person the safeguarding concern is about:

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Telephone number (if known) of the person the
safeguarding concern is about:

Age and Date of Birth of alleged victim (if
known):

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Name, Address and Telephone number of Parent, carer or guardian of alleged victim:

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Name, Address and Telephone number of the person reporting the safeguarding incident:

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What have you witnessed or been told by the person disclosing the safeguarding concerns?

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Has the alleged victim said anything to you? (do not lead or investigate – Just record actual details):

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Action taken so far:

External agencies contacted? yes no 999 or Social Services? yes no

Name and contact number of the agency contacted:

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Advice received:

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Signature:

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A copy of this form should be sent to the relevant Designated Safeguarding Officer as soon as possible but after any urgent or emergency calls that you feel need to be made.

