

## Incident Report

<b>Record</b> <b>r03-ed04</b> 6-Jun-2020	Anyone should complete this record by hand-writing to report an incident, disclosure or allegation involving children. You must do this as soon as possible after the incident. This information will be kept confidentially unless shared with an appropriate authority. If you need help with this form, please do not hesitate to contact the Child Protection Team. Print double-sided.		
<b>Notes</b>	<b>1. YOUR DETAILS</b>		
Enter your name and role here.	name:	your role:	
We may need to contact you easily and quickly.	telephone - mobile:	telephone - day:	telephone - evening:
Enter you address including your post code.	postal address:		
<b>Notes</b>	<b>2. DETAILS OF THE CHILD</b>		
If relevant for this Incident Report, please supply information about the child and other known relevant details.	name:	postal address:	
	(current age) and date of birth [dd-mmm-yy]: ( xx ) [ dd-mmm-yy ]		
	gender: <input type="checkbox"/> male <input type="checkbox"/> female		
	relevant factors/considerations/background:		
If relevant for this Incident Report, please supply information about the child's carer if known.	parental/carers names/details:		
<b>Notes</b>	<b>3. DETAILS OF INCIDENT / DISCLOSURE / ALLEGATION / SUSPICION / CONCERN</b>		
Indicate the reason for the incident – if it is not listed here, use 'other' and write down what you mean.	<input type="checkbox"/> disclosure by a child made to you directly <input type="checkbox"/> disclosure or suspicions concerning a child but made by someone else to you <input type="checkbox"/> you have suspicions or concerns about a child <input type="checkbox"/> you have suspicions or concerns about an adult towards a child/children <input type="checkbox"/> you want to report an incident relating to a child and yourself <input type="checkbox"/> you are the subject of an allegation involving a child/children <input type="checkbox"/> other (please state):		
Give the project, group or event name.	project/group/event name:		
Add witness information if relevant.	incident witness names and contact details:		
The incident date, time and location help to answer the "where and when" questions.	incident date:	incident time:	incident location:

notes	4. YOUR REPORT		
<p>Start your report here and then use additional sheets if required.</p> <p>You should write as if an authority will request the information off you – a statement of fact.</p> <p>Do write down as much detail as possible of what was disclosed to you.</p> <p>State exactly what you observed or were told and what was said.</p> <p>Use the persons own words as much as possible.</p> <p>Use a "they said" and "I said" format - and include as much scene-setting information as you can.</p>			
Notes	5. YOUR SIGNATURE		
Write your name, sign then date your incident report.	name:	signature:	date:
<i>When completed and signed, please return this form to the Safeguarding Lead as soon as possible.</i>			
Notes	6. INCIDENT REVIEWER ONLY		
Enter your name and role here.	full name:	your role:	
Enter the date and time on which the review of the incident took place.	others involved:	date:	time:
<p>actions taken:</p> <p>Notes of the review or discussion and actions.</p> <p>Include additional sheets if required.</p>			
You must write your name, sign then date this incident report.	name:	signature:	date: