SAFEGUARDING INCIDENT FORM



Details of person reporting the incident: Name:
Position/Role:
Contact Number(s):
<u>Details of Child / Young Person / Vulnerable Adult:</u> Name:
Date of Birth:
Address:
Parent/Carer name(s):
Parent/Carer Address:
Details of Incident: Date and time incident occurred:
Full details of what the child/vulnerable adult said/did and what you said/did: Remember do not lead the child/vulnerable adult. Ensure you record actual details.





Ref: IOMS Safeguarding Incident Date issued: 12/04/2022 Issue No: 1 Review Date: 12/04/2024



Remember to maintain confidentiality on a need to know basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.		
Note: A copy of this form should be sent to the Children & Families Division after the telephone report.		
Date:		
Print Name:	Signature:	
External agencies contacted (include which agency (spoke to, their contact details and any advice given):	i.e. Police, Children & Families Division, NGB etc.), who you	
Details of action taken so far:		
Any information around the alleged abuser:		
Any other relevant information:		





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