

# Safeguarding Incident Report Form

Name of person completing this form \_\_\_\_\_

Date and time of completion \_\_\_\_\_

Your position or relationship to person your safeguarding concern is about \_\_\_\_\_

\_\_\_\_\_

Your telephone number \_\_\_\_\_

Your address \_\_\_\_\_

\_\_\_\_\_

Name/s of person/s the safeguarding concern is about \_\_\_\_\_

\_\_\_\_\_

Address (if known) of the above person \_\_\_\_\_

\_\_\_\_\_

Telephone number (if known) of the above \_\_\_\_\_

Date of Birth of the above (if known) \_\_\_\_\_ Marital Status \_\_\_\_\_

Date and time of incident \_\_\_\_\_

What has been said or heard? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has alleged victim said anything to you? (Do not lead or investigate - just record details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other relevant information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken:  
Report to Safeguarding Officer  
Any external agencies contacted

Please circle  
Yes/No  
Yes/No

If yes please state which

\_\_\_\_\_

Signature \_\_\_\_\_

**A copy of this form should be sent to the Safeguarding Officer as soon as possible**