



Appendix B

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 Emergency Services in the event of an emergency.**

Name of the person completing this form (YOU)
Date and time of completing this form:
Your position or relationship to who your safeguarding concern is about
Your telephone number:
Your Address:
Name/names of person/s the safeguarding concern or incident is about:
Address (if known) of person the safeguarding concern is about:
Telephone number (if known) of the person the safeguarding concern is about:
Name and Address of Parent, carer or guardian of alleged victim:
Telephone Number:
Age and Date of Birth of alleged victim (if known):
Date and time of any incident:



What have you seen or heard?

Has the alleged victim said anything to you? (do not lead or investigate – Just record actual details) – Continue on another sheet if required

Any other relevant information:

Action taken so far:

ACT NOW – SPEAK WITH YOUR DSL IF YOU ARE UNSURE WHAT TO DO

External agencies contacted – See Essential Contacts

<p>Police/ Medical Emergency - 999</p> <p>yes/no</p>	<p>Name and contact number: Details of advice received:</p>
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<p>Signed:</p> <p>Dated:</p>	
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	TO BE COMPLETED BT DSL BELOW
Social services yes/ no	If yes – which: Name and contact number: Details of advice received:
Police yes/ no	If yes – which: Name and contact number: Details of advice received:
Local Authority yes/no	If yes – which: Name and contact number: Details of advice received:
Other (e.g. NSPCC, OFSTED?)	Which: Name and contact number: Details of advice received:
Name: Signed: Dated:	