

Incident report form

This form will be used by members of staff or volunteers to record disclosures or suspicions of abuse. The completed form should be sent to one of the Safeguarding Leads.

Your name	Your position/Role
	Contact phone number
The child's/adult's details	
Name	
Address/phone number	
Date of birth (if possible)	
Other relevant details about the child/adult: <i>Eg family circumstances, physical and mental health, any communication difficulties.</i>	
Parent/guardian/carers details	
Details of the allegations/suspicions	
Are you recording: <ul style="list-style-type: none"> • Disclosure made directly to you by the child/adult? • Disclosure or suspicions from a third party? • Your suspicions or concerns? 	
Date and time of disclosure	
Date and time of incident	
Details of the allegation/suspicions. <i>State exactly what you were told/observed and what was said. Use the persons own words as much as possible (please use back of form if needed)</i>	
Action taken so far:	
Signed	Date