

REPORTING FORM

2. 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 the SAFEGUARDING Focal Person dealing with the allegations.

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| Your Name: | Your Position: |
| Place of work: | Contact phone number: |
| The child's details | |
| Name: | |
| Address / Phone number: | |
| Date of Birth: | |
| Other relevant details of the child: Example: Family circumstance, physical and mental health, any difficulties | |
| Parents/guardian details: | |
| Details of the allegations/suspicions | |
| Are you recording: <ul style="list-style-type: none">● Disclosure made directly to you by the child?● Disclosure or suspicions from a third party?● Your suspicions or concerns? | |

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| Date and time of disclosure: | |
| Date and time of incident: | |
| Details of the allegation/suspicions. State exactly what you were told/observed and what was said. Use the person's own words as much as possible. | |
| Action taken so far (within 14 working days): | |
| Signed: | Date: |

