



INCIDENT REPORT FORM

Version 1.0



Your details

Name:

Position/ relation to child:

Phone Number:

Address:

Email:

Contact details for welfare officer

Name:

Email:

Phone Number:

Child's details

Name:

Phone Number:

Sex: M F



Other relevant information about the child (e.g mental and physical health, or any other contextual information)

Parent/guardian/carer details

Name:

Phone Number:

Email:

Have the children
parent(s)guardian(s)/carer(s)
been informed of the incident?

Yes No

Additional information



Details of concerns/ allegations

Are you reporting concerns raised by:

Yourself Someone Else

if reporting concerns raised by someone else, please provide additional information:

Name:

Position/ relation to child:

Phone Number:

Address:

Email:

Additional information

Date and time of incident:

Date and time of allegation:



Actions taken to date: (please give details of who else has been informed, including parents where appropriate, and any relevant contact

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Details of incident or concern

Details of the concern: be clear which details are fact and which are speculation and remember to record any injuries.

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Details of who was involved (Include any witnesses and any people who are allegedly involved in the abuse/harm)

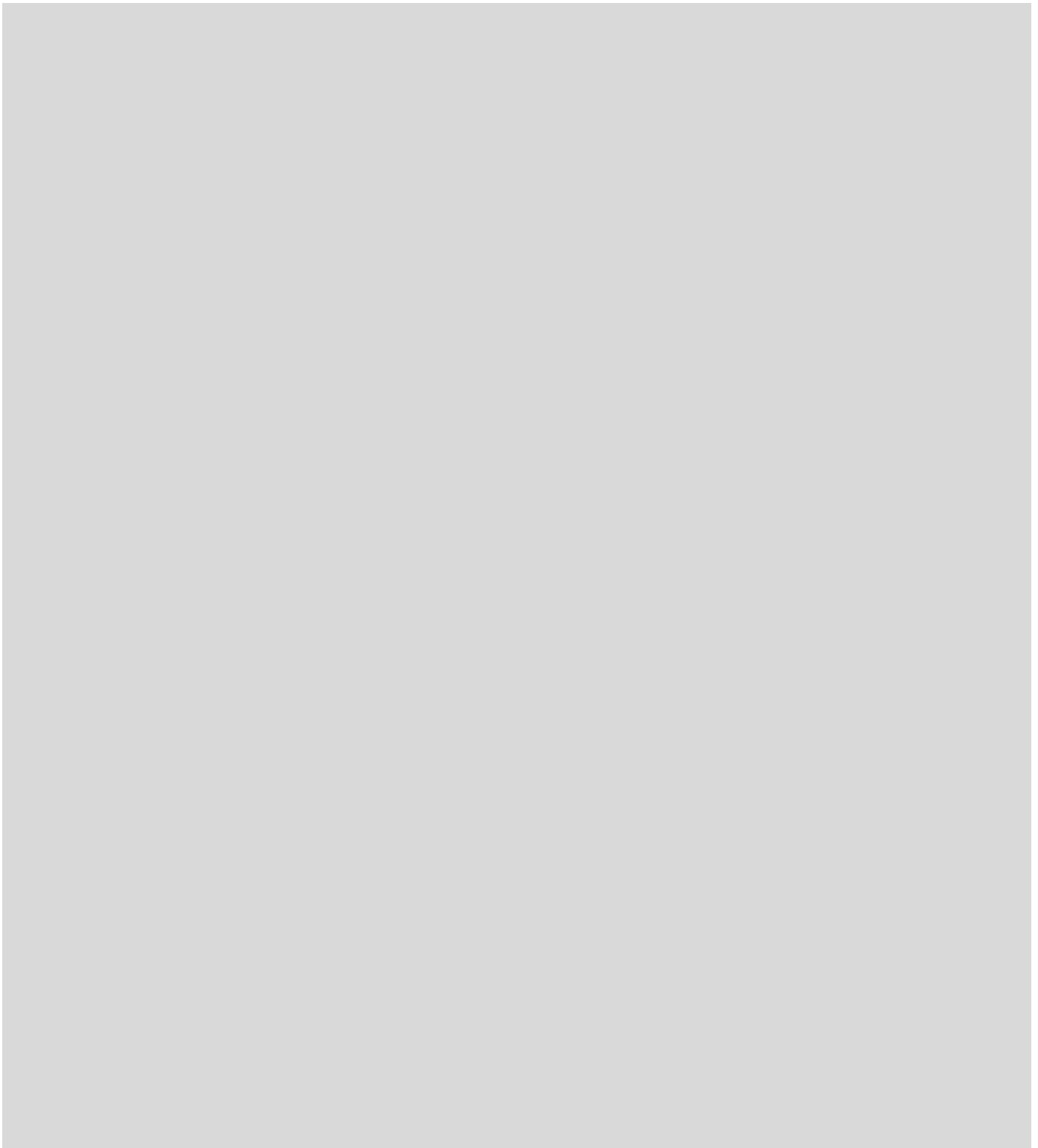
A large, empty grey rectangular box provided for entering details of who was involved in the abuse/harm.

What the child said, if applicable (remember to use the exact words)

A large, empty grey rectangular box provided for entering what the child said, if applicable, using their exact words.



Further Information





Signature

Date