

## Safeguarding Incident / concern reporting form

About this form and the person completing it			
Your name	Your phone number	Your mobile number	Your e-mail address
Are you reporting: <i>Please tick the appropriate box(es)</i>	An incident	A disclosure	A concern
Department /Group / ministry area			Date completed
About the person or people we are concerned about or involved in the incident			
Their name(s)	Their Address and contact details	Their Date of birth	Name & contact details for parent / (where appropriate)
<i>Please insert more lines as required</i>			
Details of the incident / disclosure / concern			
<i>What happened / was said / have you noticed etc?</i>			

Context of the incident / disclosure / concern	
<i>Where / when / who else was present etc.</i>	
Date of incident / disclosure	Time of incident / disclosure
Action taken to ensure immediate safety	
Other action taken or advice sought	
Signature	

For office use only: Form reference –