



NITBF INCIDENT REPORT FORM

Date Incident Reported: _____

	Person Reporting the Incident	Person Recording the Incident
Name		
Role		
Knowledge of and relationship to the young person		
Contact address		
Telephone Numbers		
E:mail		

Child's Details:

Full Name of Child	
Date of Birth	
Contact Address	

Telephone Numbers			
Ethnicity		Disability	

Incident Details:

Location of Incident (if relevant):	Date and Time of Incident:
Detailed information (in child's own words if possible):	
<p>Details of any observations made by you or to you (eg description of visible bruising, other injuries, young person's emotional state).</p> <p>NB: Make a clear distinction between what is fact and hearsay:</p>	

Actions Taken so far:

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Details of Whom Concern is Against (if known)

Name			
Date of Birth/Age			
Relationship with Child			
Address			
Telephone Numbers			
Ethnicity		Disability	

External Agencies Contacted

Agency	Y/N	Contact Name	Contact Number	Date	Time	Details of Advice Received
Police						

Social Services						
Local Authorities						
NSPCC						
Others (Please Name)						

I acknowledge that the details described are accurate and will remain strictly confidential between the “appropriate reporting channels” and myself.

Signed: _____ **Date:** _____

Please submit this form immediately to:

Details: isobel.smith@nitbf.org.uk or david.seay@nitbf.org.uk