

## **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):	
Details of any observations made by you or to you (eg description of visible bruising, other injuries, young person's emotional state). NB: Make a clear distinction between what is fact and hearsay:	

Actions Taken so far:

**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:**