# Incident Report Form

|  |
| --- |
| **Name of child:** |

|  |  |
| --- | --- |
| **Date of birth:** | **Gender: M/F** |

|  |
| --- |
| **Date of incident:** |

|  |
| --- |
| **Nature of allegation/concern:** *(Include category of concern where possible – Physical/Neglect/Emotional/Sexual)* |

|  |
| --- |
| **The child’s account:**  *(This should preferably be written up within 24 hours of disclosure/incident. Using the child’s own words/phrases where possible).* |

|  |
| --- |
| **Time, location, date or other relevant information:** |

|  |
| --- |
| **Description of any relevant observations/information:**  *(Make a full record of what has been said/observed/heard including any physical bruising or injuries)* |

|  |
| --- |
| **Describe the action taken:** |

Signed:

Name (print):

Position:

Date:

**Below only to be completed by Senior/Designated Safeguarding Officer (SDSO/DSO) overseeing case:**

|  |
| --- |
| Name of SDSO/DSO: |

|  |
| --- |
| Action Taken by SDSO/DSO: |

|  |
| --- |
| Name of duty officer at Social Services/Police (if necessary):  Address:  Phone: |

|  |
| --- |
| Signed (SDSO/DSO): |

|  |
| --- |
| Position: |

|  |
| --- |
| Date: |