# Incident Report Form

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| **Name of child:** |

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

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| **Date of incident:** |

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

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| **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).*  |

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

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

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| **Describe the action taken:** |

Signed:

Name (print):

Position:

Date:

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

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| Name of SDSO/DSO: |

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| Action Taken by SDSO/DSO: |

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

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| Signed (SDSO/DSO):  |

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| Position: |

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| Date: |