

## Safeguarding Incident Form (actual or near miss)

Was this incident

Actual Y/N

Near miss Y/N

<b>Section 1</b> <i>Details of referrer (your details)</i>	
Name:	
Role: (Staff/Member/Visitor/Hirer)	
Address	
Phone number(s):	
E-mail:	

<b>Section 2</b> <i>Details of child concerned</i>			
Name:			
<b>Date of Birth</b>		<b>Age:</b>	
Gender:			
Disability/Special Needs		Yes/No	
If yes, give detail:			
Parents/Carers (names):			
Address:			
Phone Number(s):			
E-mail:			

<b>Section 3</b> <i>Details of adult/child against whom the allegation is made</i>	
Name:	

Position	
Address	
Phone Number(s):	
E-mail	

**Section 4**

***The incident/concern***

Date of incident:	
Place of incident:	
Did you observe the incident/concern:	Yes/No
If no, give details of the person who did	
Name	
Position	
Contact Details	

**Details of concern** (include as many details as possible including time it happened, place, if any injuries were sustained, treatment required). Continue on separate sheet if necessary

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**Child's account** of what happened (please state what the child actually said or indicate if not their exact words). Continue on separate sheet if necessary

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**DSO to complete**

Category of referral: (delete as appropriate)

Sexual

Bullying

Physical

Other (state):

<b>Section 5</b>	
<b>Action taken by SLT</b>	
Police informed:	Yes/No
If yes, give name of the police officer dealing:	
Phone/e-mail contact details:	
Children's Services informed:	Yes/No
If yes name of social worker dealing:	
Phone/e-mail contact details:	
Medical assistance required:	Yes/No
If yes, give details:	
Parents informed	Yes/No

**Signed:**

**Date**

Details of action taken (or attach report sheet separately).

