**Safeguarding Incident Report Form**

This form is to be used to record basic information in the light of an allegation, suspicion, or disclosure of a potential safeguarding concern. Completing this record should not stand in the way of contacting Police or other agencies in the event of an emergency or urgent safeguarding incident.

##### Name of the person completing this form (YOU): Date and time of completing this form:

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##### Your position or relationship to who your Your telephone number:

**safeguarding concern is about:**

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##### Your Address:

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##### Name/names of person/s the safeguarding concern Date and time of any incident: or incident is about:

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##### Address (if known) of person the safeguarding concern is about:

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##### Telephone number (if known) of the person the Age and Date of Birth of alleged victim (if known): safeguarding concern is about:

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##### Name and Address of Parent, carer or guardian of alleged victim:

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##### Telephone Number:

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##### What have you witnessed or been told?

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##### Has the alleged victim said anything to you? (do not lead or investigate – Just record actual details):

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**Action taken so far:**

##### External agencies contacted? yes no 999 or Social Services? yes no Name and contact number:

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##### Advice received:

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##### Signature:

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A copy of this form should be sent to the relevant Designated Safeguarding Lead as soon as possible but after any urgent or emergency calls that you feel need to be made.