

Safeguarding Incident Report Form



This form should be completed at the time or immediately following disclosure, but after all necessary actions have been taken. Please complete the form as fully as possible.

It should be used to record safeguarding concerns relating to Children or Adults at risk. In an emergency please do not delay in informing the police or social services. All the information must be treated as confidential and reported to the NE Region's Safeguarding Officer as soon as possible.

1. Your details – the person completing the form:

Name	
Position within HRGB	
Address	
Telephone	
Email	

2. Details of the person affected:

Name	
Address	
Telephone	
Email	
Date of birth if under 18	
Name & contact details of the parent/carer/guardian if applicable	

3. Details of the incident – please describe in detail using only the facts: Date & time What have you seen or heard? What has the person affected said to you? (do not lead or investigate just record actual details.)

Additional relevant		
information (please detail		
anything else that you		
believe to be helpful or		
important)		
4. Details of any other witnesses:		
5. Action taken so far:		
I have completed this form an	d provided information that is factual and does not contain my own views or	
opinions on the matter.		
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Print name		
Signature		
0.8		
Date		