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Child/Vulnerable Adult Safeguarding Incident Report Form

Please fill in as much of this form as possible and send it as soon as possible (preferably within 24 hours of the occurrence of the incident or disclosure). On completion, this form must be given to Emma-Jane Billington-Phillips, Designated Safeguarding Lead, in a sealed envelope marked 'confidential' or sent by email (admin@chessentriesforall.com). All information will be treated in accordance with the Data Protection Act and Information Sharing Protocol.

Protection Act and Information Sharing Protocol.
Name and position of person reporting incident:
Date and time of completion of form:
Date and time of completion of form.
Date and time of the incident/disclosure:
Child/adult's name:
Child/adult's date of birth or approximate age:
dima, addition approximate age.
Child/adult's address (if known):
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Name (s) and address of carer/navent (if annuantiate).
Name (s) and address of carer/parent (if appropriate):
When completing the information below, please continue onto a separate sheet if necessary.
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Please describe your concerns here (give details of location, times of specific incidents,
any physical, behavioural or indirect signs and the people involved).
Have you spoken to the child/vulnerable adult/s involved? If so, what exactly was said? (please
record details in the person's own words):
record details in the person's own words).

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Action taken so far:					
Signature:					
Print name:	7		Y		
Date:			4		
Date.					
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