**Safeguarding Incident Report Form**

|  |
| --- |
| **Details of the Child/ren at risk:** |
| Name of Child/ren at risk: |
| Gender: ⃝ Male ⃝ Female | Age: | Date of Birth: |
| Religion: | Ethnicity: | Any additional needs (e.g. disability, language spoken, interpreter required): |
| Parent’s/Carer’s name(s): |
| Home address of child/ren at risk: |
| Child/ren at risk legal status (e.g. Looked After Child): |
| Is child at risk subject of the following e.g. child protection plan/on a child protection register/ a care order/care and support plan or other? |
| **Your Details:** |
| Your Name: | Your Position: | Your contact details: |
| **Report:** |
| Are you reporting your concerns or responding to concerns raised by someone else? |
| ⃝ Responding to my concerns⃝Responding to concerns raised by someone else | If responding to concerns raised by someone else, please provide their name, role and contact details (if known): |
| Please provide details of the concerns you have for the child/ren at risk safety and/or welfare, including times, dates or other relevant information (describe any injuries, whether fact, opinion or hearsay). Please add other relevant information known about the family/child/ren at risk circumstances: |
| The child/ren at risk account (e.g. of any incident, injury, disclosure, behaviour – use the child/rens words where possible): |
| Please provide details of the person alleged to have caused the incident/injury if known (e.g. name(s)/address/incident address/relationship to child/ren at risk etc.): |
| Please provide details (name, role, contact details if known) of any witnesses to the incident/concerns: |
| State any risk of immediate danger: |  |
| If you were required to take immediate action please describe e.g. contact with Police, Children’s Social Care, NSPCC etc.: |  |
| Is the child/ren at risk or family/carer aware that a report has been made: |  |
| Any known previous history: |  |
| Is there anything else of importance the Designated Safeguarding Person (DSP) should be made of: |  |