

Safeguarding Incident Reporting Form

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(for concerns, child welfare, physical intervention, witness statement, fact-finding)

During the Covid outbreak, this form is also to be used to record contact with families of vulnerable children and those who are considered to be on the edge of needing additional support and are currently not attending the setting

Name of setting:			
Child's name:	Name of person reporting:	Name of designated person:	
Date of birth:	Job title:	Job title:	
Date of concern – when observation, event, disclosure was made			
Nature of Concern. In the space below describe what was observed, using a body diagram, if necessary.			
Impact: what are your main concerns about how this might impact on the child physically or emotionally,			
please include the child's voice (as	appropriate)?		

Response to allegation/complaint: Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident.

Signature of person completing the form		
Hand this form to your setting's designated person;	discuss your concerns and agree what action is to be	
taken and when it will be reviewed.		
Outcome decisions/actions to be taken (Tick all the	nat apply)	
No further action		
Offer support (provide details)		
Continue to monitor (detail what, who by and until what, who be a second that what what what what what what what	nen)	
Referral/signposting/advice/guidance to be offered b	y setting (provide details)	
Refer to social care for child protection.		
Liaise with social care to refer to CAF (Common Ass	sessment Framework\/FHA (Farly Help	
Assessment	cosment ranework//EnA (Eany help	
Signature of designated person:	Date completed:	
Physical intervention	<u> </u>	
If this form is used to record an incident of physical	intervention being used on a child to prevent them fro	
harming themselves or others, please ask the parer	nt to sign here to confirm that they have been informed	
of the circumstances of the event as recorded here.		
Signature of parent:	Date:	