

INCIDENT REPORT FORM

Date Incident Reported: _____

	Person reporting the incident:	Person recording the incident:
Name		
Job role		
Knowledge of and relationship to the young person:		
Contact address:		
Telephone numbers(s):		
E-mail:		

Child's Details:

Full name of child:			
Date of birth:			
Contact Address:			
Telephone numbers(s):			
Ethnicity:		Disability:	

Incident Details:

Location of incident (if relevant):	Date and time of incident:
Detailed information (in child's own words if possible):	
<p>Details of any observations made by you or to you (e.g. description of visible bruising, other injuries, young persons emotional state). N.B. Make a clear distinction between what is fact and hearsay:</p>	

Actions taken so far:

Alleged Abuser's Details (if known):

Name:			
Date of birth/Age:			
Relationship with child:			
Occupation:			
Address:			
Telephone numbers(s):			
Ethnicity:		Disability:	

External Agencies Contacted:

AGENCY	YES/NO	CONTACT NAME	CONTACT NUMBER	DATE	TIME	DETAILS OF ADVICE RECEIVED
Police						
Social Services						
Local Authority						
NSPCC						
Other (please name)						

I acknowledge that the details described are accurate and will remain strictly confidential between the 'appropriate reporting channels' and myself.

Signed..... Date.....

Please submit this form immediately to:

Details...