CASE 6- Incident Report Form

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| **Key Information**  |
| **Event Leader** | Full Name |
| **Phone** | Phone Number |
| **Email** | Email Address |
| **Name of person involved** | Full Name |
| **Date of Birth** | Date of Birth |

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| **Circumstances of Incident** *(continue on a separate sheet if necessary)* |
| **Event where incident took place** | Event |
| **Date of Incident** | Date |
| **Location of incident** | Location |
| **Details of incident**Recording |
| **Nature of harm**Recording |
| **Treatment given**Recording |
| **Reported to**Full Name & Contact Details, including reasons for sharing information |
| **Other action taken**Recording |
| **Clergy / Religious / Staff / Volunteers Present** Full Names & Roles |
| **Names of other Adults Present**Full Names |
| **Children / Young People Present** Full Names |

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| **Recording Author** |
| **Completed by** | Full Name |
| **Role** | Role |
| **Signature** | Signature |
| **Date Form Completed** | Date |

This must be forwarded to the Safeguarding Coordinator