**Safeguarding Concern Incident Report Form**

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| **Name and role of person completing this form:** |
| **Signature of person completing this form:** |
| **Date:** |

**Details of child, young person or adult at risk:**

|  |  |
| --- | --- |
| Name: | Address: |
| Contact number: | Gender: |
| Date of birth: | Any further information that may be useful to consider: |

**Parents/carers/guardian details:**

|  |  |
| --- | --- |
| Name: | Address: |
| Contact number: | Email address: |
| Have parents/carers been notified of the incident?: Yes / No | If yes, please provide details: |

**Details of reportee:**

|  |  |  |
| --- | --- | --- |
| Are you reporting your own concerns or responding to concerns raised by someone else? | Reporting my own concerns |  |
| Responding to someone else’s concerns |  |
| If responding to someone else’s concerns, please provide their details below: | | |
| Name: | | |
| Relationship to child, young person or adult at risk: | | |
| Email address: | | |
| Contact number: | | |

**Incident Details:**

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| Date/ Time: |
| Location of incident: |
| Description of the incident or concern: (continue on separate sheet if necessary & include reference number):  *(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay)* |
| Details of any previous concerns, incidents or relevant safeguarding records: |
| Account/comment of the child, young person, or adult of the incident or concern: *(use their own words)* |

**Witness:**

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| Name(s): (Consider anonymising where this will not negatively impact the ability to take immediate response actions)  Contact details:  Relationship to child, young person or adult at risk: |
| Witness account of incident or concern: (include further accounts on separate sheets as necessary. Include reference number on each accompanying account) |

**Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:**

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| Name(s): (Consider anonymising where this will not negatively impact the ability to take immediate response actions)  Relationship to child, young person or adult at risk:  Contact details: |

**Internal reporting of the incident to:**

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| --- | --- |
| Incident reported to: | Date & Time: |
| How (This form, in person, email or phone) | Accident book used Yes/No:  If Yes – accident book ref no: |
| Form passed to: | Event organiser Yes/No  SAA Chief Executive Yes/No |
| Comments of the person this was reported to:  For example: actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **External referral:**   |  |  | | --- | --- | | Agency: |  | | Date & time of referral: |  | | Name of contact person: |  | | Contact number / email: |  | | Agreed action or advice given: |  | |

**Follow Up Action**

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| Description of actions to be taken:  Due Date:  Whom Responsible: |

The Association treats personal data collected for the purposes of the Safeguarding Concern Incident Report Form in accordance data protection legislation.