



# SAFEGUARDING INCIDENT REPORT FORM

NAME OF CHILD OR YOUNG PERSON

ADDRESS

DATE OF BIRTH (OR AGE)

DATE, TIME & PLACE OF INCIDENT

**PLEASE STATE YOUR CONCERN.**

*If there has been an allegation or a disclosure of harm or neglect, please include an exact record of what the child has said to you, using their words. Please also write down any response you have made, including any questions you have asked.*

*Continue overleaf if necessary*

WHAT ACTION HAVE YOU TAKEN?

YOUR NAME

SIGNATURE

DATE

*This form must be kept secure and confidential and given only to the Designated Person whose details are overleaf, as soon as possible, and in any case within 24 hours.*

*Continuation sheet.*

**SIGNATURE**

**DATE**

**DESIGNATED PERSON.**

Name: **Ruth Ross**

Address: 18 Harvey Close, Ruddington, Nottingham, NG11 6NJ

Telephone: 0115 984 2017

Mobile: 0753 031 2304

*If you are unable to contact Ruth (if, for example, she is away on holiday) or if your concern involves Ruth, then contact:*

Name: **Kirsten Bairstow-Robb**

Address: Coppertop, Manor Park, Ruddington, Nottingham NG11 6DS

Telephone: 0115 974 5658

Mobile: 0797 341 8737