Safeguarding Incident Form

PERSON REPORTING THE INCIDENT OR CONCERN:

Name:

Address:

Phone number:

Email:

Role in Church:

DETAILS OF CHILD / ADULT AT RISK YOU ARE CONCERNED ABOUT:

Name:

Date of Birth / Approximate Age:

Address:

Phone number:

Email:

Do they know that you are sharing concerns about them?

If not, please explain why:

IF UNDER 18 PLEASE INCLUDE DETAILS OF THE PARENT OR CARER:

Name:

Address:

Phone number:

Email:

Relationship to the child/ young person:

Do they know that you have concerns that you are sharing?

If not, please explain why:

DETAILS OF ALLEGED PERPETRATOR (IF RELEVANT)

Name:

Address:

Phone Number:

Email:

Are they an adult or a child (under 18):

Relationship to the child/adult at risk:

Does the child / adult at risk live with the alleged perpetrator?

DETAILS OF INCIDENT OR CONCERN:

- Remember to include the 4 W's – Who, What, Where, When.
- Be clear whether this is something you have been told about or something that you have observed directly.
- Include names of anyone else who witnessed the incident or is aware of the concern.
- Refer to the church safeguarding policy if you are unsure what to include.

Please continue on a separate sheet if necessary

HAVE YOU CONTACTED ANYONE ELSE (SOCIAL SERVICES, POLICE, LADO, REGIONAL SAFEGUARDING LEAD, MINISTER)?

Please give details of who and when below:

Organisation:

Name of contact:

Date of contact:

This Incident Form should be passed to the Designated Person for Safeguarding (DPS) within 24 hours of any incident or concern arising. Do not delay reporting your concerns to the DPS because you do not have all the information requested in this form. Where there is an immediate risk of harm, please call the DPS straight away and use this form to follow up on that call. Remember if they are not available call the police or social services, do not wait for the DPS to be available.

Remember: Treat this information confidentially. Do not discuss the contents of this form with anyone other than the DPS, not even for prayer purposes.

Signed …….

Date ……..