

Safeguarding Incident Reporting Form

Victim/survivor must consent to their name being used. Where they do not consent, let them know what information is being provided in the form and how that information will be used.

Please put in sealed envelope marked confidential or write confidential in the message subject line if emailing the form.

Your information						
Name						
Email						
Contact number(s)						
Name of organisation		Your role				
Personal information know	own about the v	victim/survivor	(if this informat	tion is being provided)		
Name			Gender			
			 Femal 	e		
Date of Birth			Male			
Age			Other			
Is the victim/survivor a pr	rogramme partio	cipant?				
• No						
Yes						
If yes, provide details:						
Is there any other information that would be useful to share? E.g. languages spoken, accessibility						
requirements etc.						
Is the victim/survivor cur	rently safe?					
Is the victim/survivor currently safe? No 						
• Yes						
 Don't known 	ow					
What security measures a	are required to r	make the victim	/ survivor safer:)		
Contact information abo	ut the parent/c	arer (for childre	n under 18 and	vulnerable adults if		
known)	· · · ·					
Name (s)						
Address						
Contact number(s)						
Email						
Have they been notified of	of this	No	Please explain	why not		
incident?		-		,		

	• Yes	Please give details of what was			
		said/actions agreed			
Information about the subject of the co	mplaint				
Name					
Gender					
Age					
Name and address of organisation					
Role					
Email					
Contact number (s)					
Is there any other information that woul	d be useful to	share? E.g. where are they now, are they			
aware of the complaint.					
Incident details (Attach a separate shee	t if more space	e is required)			
Please provide details about the reporte					
names, observations of behaviour, injuries, emotional state, and the victim/survivor account of					
the incident (if known) and any witness a	accounts.				
A mu a du la a a sucht					
Any advice sought		val advice sives			
Please provide details of who else has be	en informed a	nd advice given.			
External agency involvement					
Has the incident been reported to any	• No	Yes - Please provide details			
external agencies					
Name of organisation/agency					
Name of organisation/ agency					
Contact person					
Contact person					
Contact person Contact number(s)					
Contact person Contact number(s) Email					
Contact person Contact number(s) Email					
Contact person Contact number(s) Email					
Contact person Contact number(s) Email Agreed action or advice given					
Contact person Contact number(s) Email Agreed action or advice given Action Taken	date				
Contact person Contact number(s) Email Agreed action or advice given	date.				
Contact person Contact number(s) Email Agreed action or advice given Action Taken	date.				
Contact person Contact number(s) Email Agreed action or advice given Action Taken Please provide details of action taken to	date.				
Contact person Contact number(s) Email Agreed action or advice given Action Taken Please provide details of action taken to Declaration	date.				
Contact person Contact number(s) Email Agreed action or advice given Action Taken Please provide details of action taken to Declaration Your signature	date.				
Contact person Contact number(s) Email Agreed action or advice given Action Taken Please provide details of action taken to Declaration	date.				

ALL INFORMATION MUST BE HELD AND HANDLED SECURELY IN LINE WITH THE REPORTING AND INVESTIGATION PROCEDURES AND DATA PROTECTION REQUIREMENTS