

Safeguarding Incident & Report Form

This form is to be used to record safeguarding concerns relating to student and/or vulnerable persons.

In an emergency, do not delay in informing the police or social services. All the information must be handled confidentially and reported to the designated safeguarding officers immediately.

The form should be completed at the time or immediately following disclosure but after all necessary actions have been taken. Please complete this form in full, where possible.

1. Your details

Name:

Teaching Position:

Telephone Number:

Email:

2. Details of the person affected

Name:

Address:

Telephone Number:

Email:

3. Details of the incident (please describe using only the facts using following points: Date/Time of incident, location of incident, information disclosed/observed, action taken)

4. Other persons present or potential witnesses
Name: Address: Telephone Number: Email:
5. Additional relevant information
6. Disclaimer
I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter. Print name : Signature: Date

Action taken by DSL and rationale

Outcome of action taken by DSL

Print name: Signature: Date: