**INCIDENT REPORT FORM**

Please give a copy of all completed forms to the Designated Safeguarding Person.

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| **Name of person involved:** |  |
| **Date of incident/disclosure:** |  |
| **Name of worker:** |  |
| **Signature of worker:** |  |
| **Reported to:** |  |
| **Signature of Designated Safeguarding Person:** |  |
| **Information shared with: Safeguarding Lead / Leadership Team / Safeguarding Team / Social Services / First Response / Pastoral Team / Police (mark as appropriate)** |

**Report:**

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