

Safeguarding Incident Report Form

Instructions:

1. *Save as new document before completing*
2. *Complete Section 1 within same working day as incident taking place and send to DSL or DDSL immediately.*

1.0 To be completed by member of staff

Name of person reporting concern/incident:
Date of concern/incident:
Time of concern/incident:
Staff Present:
All others Present:
Location of incident:
SAFEGUARDING CONCERN/INCIDENT
<p>REPORTING TO DESIGNATED SAFEGUARDING LEAD</p> <p>To Whom it was Reported:</p> <p>Date Reported:</p> <p>Time Reported:</p>
ACTION TAKEN BY DESIGNATED SAFEGUARDING LEAD
OUTCOMES
SIGNED AND DATED BY STAFF MEMBER
SIGNED AND DATED BY THE DESIGNATED SAFEGUARDING LEAD

2.0 Designated Safeguarding Lead's Response Record

ACTIONS TAKEN BY DESIGNATED SAFEGUARDING LEAD AND REASONS WHY

REFERRAL MADE TO OTHER AGENCIES. YES/NO. REASONS WHY

OUTCOMES (including feedback given to relevant staff/professionals)

SIGNED AND DATED BY DESIGNATED SAFEGUARDING LEAD

Name:

Signature:

Date:

3.0 Safeguarding Trustee's Response Record

ACTION TAKEN BY SAFEGUARDING TRUSTEE AND REASONS WHY
OUTCOME
SIGNED AND DATED BY SAFEGUARDING TRUSTEE Name: Signature: Date:
DATE OF CLOSURE