

# SAFEGUARDING INCIDENT REPORTING FORM



This form must be completed where a Member Group is concerned about an incident involving a child or vulnerable person. It must be completed as soon as possible after the incident that causes concern and must be passed on to the relevant Authority i.e. RDA National Office, Children's Social Care Department, The Police (in Scotland The Social Work Department, The Police or The Reporter). **Make sure you keep a copy.**

Name of child / vulnerable adult	
Age and date of birth	
Disability	Any special factors
Parent's/carer's name(s)	
Home address (and phone number)	
Are you reporting your own concerns or passing on those of somebody else? Give details of that person including contact phone number and date this person advised you of their concerns/incident.	

<p>Brief description of what has prompted the concerns: include dates, times etc. of any specific incidents.</p> <p><b><i>* Continue on a separate sheet of paper if required and attached securely to this form</i></b></p>	
<p>Any physical signs?</p> <p>Behavioural signs?</p> <p>Indirect signs?</p>	
<p>Have you spoken to the child / vulnerable adult?</p> <p>If so, what was said?</p>	
<p>Have you spoken to the parent(s)/carer(s)?</p> <p>If so, what was said?</p>	
<p>Has anybody been alleged to be the abuser? If so, give details.</p>	

Have you consulted anybody else? Give details.	
Your name and position and contact telephone number.	
To whom reported and date of reporting.	
Detail what action, if any, has been taken following receipt of this information.	
Signature	Time and date

***NOTE: Confidentiality must be maintained at all times. Information must only be shared on a “need to know” basis i.e. only if it will protect the child/vulnerable adult.***

***Do not discuss this incident with anyone other than those who need to know.***