**Safeguarding incident report form**

**Confidential**

Please complete this form as fully as possible and attach any previous/subsequent notes. Once completed return to safeguarding@immunology.org

|  |
| --- |
| Information about you |
| Name |  |
| Name of organisation and department |  |
| Your role |  |
| Contact details:AddressTelephone numberEmail |  |
| Date and time completing this form |  |
| Are you reporting your own concerns or responding to concerns raised by someone else?  | * Own concerns
* Responding to concerns raised by someone else
 |
| If someone else please give their details (name, organisation/department, relationship to child (if relevant), contact details) |  |

|  |
| --- |
| Information about Child/Vulnerable Adult |
| Name |  |
| Age/Date of birth (if known) |  |
| Gender |  |
| Contact details |  |

|  |
| --- |
| Report |
| Date, time and location of incident |  |
| Details of the incident or concerns:*Include any relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay, what was said (verbatim if possible) and whether other people were present* |  |
| Have you spoken to the child/vulnerable adult? If so, what was said? |  |
| Have you spoken to the school, parent/carer(s)? If so, what was said? |  |
| Any action taken |  |

|  |  |
| --- | --- |
| Signature |  |