

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: Address Telephone number Email	
Date and time completing this form	
Are you reporting your own concerns or responding to concerns raised by someone else?	<input type="checkbox"/> Own concerns <input type="checkbox"/> 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: <i>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</i>	
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	
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