

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	
Relationship to child / adult at risk e.g. Staff member, volunteer, Parent/ carer, other	
Address	
Postcode	
Phone Number	
Email address	
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 details. (Name, organisation /department, relationship to child or adult at risk, contact details)	

Information about child / adult at risk

Name	
Age/ date of birth (if known)	
Gender (if known and relevant)	
Contact details	
Address (if known)	
Parent / carer details	
Emergency contact (if known)	

Immediate Risk Assessment

Is the child / adult at risk currently safe?	☐ Yes ☐ No ☐ Unsure
Is urgent action required?	☐ Yes ☐ No ☐ Unsure
If yes (provide details)	☐ Emergency services contacted ☐ Police informed ☐ Social Services informed ☐ Designated safeguarding lead informed

Report

Dates	
Date concern first arose	
Date concern reported to you	
Date/time/location of incident	

Date this form completed	
Report details	
Nature of Concern	☐ Physical abuse ☐ Emotional abuse ☐ Neglect ☐ Bullying ☐ Online harm ☐ Discrimination ☐ Financial abuse ☐ Domestic abuse ☐ Self-harm ☐ Mental health concern ☐ Other
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/adult at risk? If so, what was said?	☐ Yes ☐ No
Have you spoken to a parent/carers, school, employer, support worker or other responsible person? If so what was discussed?	☐ Yes ☐ No ☐ N/A
Actions	
Any action taken (include by whom and what date and time)	

Consent and information sharing

Has consent been obtained to share this information (where appropriate)?	☐ Yes ☐ No ☐ Not sought due to safeguarding risk ☐ N/A
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Declaration

I confirm that this report is accurate to the best of my knowledge and has been completed as soon as reasonably practicable after the incident or concern.

Name	
Signature	
Date	