 

**Incident / disclosure / concern reporting form**

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| About this form and the person completing it: |
| Your name | Your phone number | Your mobile number | Your e-mail address |
| Department /Group / ministry area | Date completed |
| About the person or people we are concerned about or involved in the incident(If an allegation, the details of the person making the allegation):  |
| Their name(s)  | Their address | Their date of birth | Incident or disclosure or concern? |
| If an allegation, details of the person accused: |
| Please provide as much information as possible or necessary to identify them: |
| Details of the incident / disclosure / concern: |
| What happened / was said / have you noticed etc? |
| Context of the incident / disclosure / concern: |
| Date of incident / disclosure | Time of incident / disclosure |
| Where / when / who else was present etc. |
| Immediate action taken to ensure immediate safety |
| Other action taken or advice sought |
| Signature | Return the form to Richard Foster or John Baker |
| Actions taken by Safeguarding Officers: | Signature | Date |