

# INCIDENT REPORT FORM

Please give a copy of all completed forms to the Designated Safeguarding Person.

<b>Name of person involved:</b>	
<b>Date of incident/disclosure:</b>	
<b>Name of worker:</b>	
<b>Signature of worker:</b>	
<b>Reported to:</b>	
<b>Signature of Designated Safeguarding Person:</b>	
<b>Information shared with: Safeguarding Lead / Leadership Team / Safeguarding Team / Social Services / First Response / Pastoral Team / Police (mark as appropriate)</b>	

**Report:**

Continued overleaf?

