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| **Safeguarding incident reporting form** |  |
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| Your name: | Name of organisation: |
| Your role: | IET office/local network: |
| Contact information (you): *Address:* *Postcode:* *Telephone numbers:* *Email address:* |
| Child’s name: | Child’s date of birth: |
| Child’s ethnic origin: *Please state*  | Does child have a disability: *Please state*  |
| Child’s gender: □ Male □ Female |

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| Are you reporting your own concerns or responding to concerns raised by someone else: □ Responding to my own concerns □ Responding to concerns raised by someone else If responding to concerns raised by someone else please provide further information below |
| *Name:* *Position within the organisation or relationship to the child:* *Telephone numbers:* *Email address:*  |
| Date and times of incident: |
| Details of the incident or concerns: *Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.* |
| Child’s account of the incident:  |

*Signed: ……………………….**Date: \_\_\_/ \_\_\_/\_\_\_\_* |