

Incident reporting form

Your information			
Name			
Address			
Contact number(s)			
Email			
Name of organisation		Your role	

Personal information – Child / Young person / Adult					
Name				Date of birth	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>	
Is there any information about the person that would be useful to consider?					

Contact information – Parent / Carer (If person is under 18)		
Name(s)		
Address		
Contact number(s)		
Email		
Have they been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken:
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed:

Incident details*			
Date and time of incident			
Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details:	
Name of person raising concern		Role within the charity or relationship to the person	
Contact number(s)			
Email			
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):			

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

Incident details (continued)			
Child/ Adult's account of the incident:			
Please provide any witness accounts of the incident:			
Name of witness		Role within the organisation/ relationship to person	
Address			
Contact number(s)			
Email			
Details of any person involved in this incident or alleged to have caused the incident / injury			
Name (and date of birth, if a child)		Role within the charity or relationship to the person	
Address			
Contact number(s)			
Email			
Please provide details of action taken to date			
Has the incident been reported to any external agencies?		<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide further details:
Name of organisation / agency			

Contact person	
Contact number(s)	
Email	
Agreed action or advice given	

Declaration	
Your signature	<input type="checkbox"/>
Print name	
Today's date	

Contact Bradley Smith in line with Ipswich Outreach's reporting procedures	
Safeguarding Officer's name	
Date reported	

Please email completed form to Bradley@ipswichoutreach.co.uk