

Appendix 5
Incident Report Form

ST CATHARINE'S COLLEGE
SAFEGUARDING POLICY – INCIDENT REPORT FORM

Today's date and time:	
Your name:	
Your position:	
Your email address and telephone number:	
Full name of child/adult at risk potentially harmed:	
Name, address and contact details of child's/adult at risk's emergency contact:	
Date of Birth:	
Gender:	

Date and time of incident:	
Date and time incident, allegation or suspicion coming to your attention:	
Please provide details of exactly what you have been told and by whom, and/or what you have observed	

<p>(e.g. who, what happened, when and where).</p> <p>Include details of whether you are reporting your own concerns or passing on those of somebody else.</p> <p>Continue on separate sheet if necessary.</p>	
<p>Any action taken so far:</p> <p>If you have spoken with anyone (other than as already detailed on this form) about this incident/suspicion/allegation, please include details.</p> <p>Please remember this is confidential information and should only be shared on a need to know basis.</p>	
<p>Signed:</p>	

To be completed by the Safeguarding Officer:

<p>Today's date and time:</p>	
<p>Received by: <i>(Designated Person for Safeguarding)</i></p>	
<p>Initial action taken by Designated Person:</p>	

Has the parent/guardian been informed of the concern:	YES/NO
If YES, please state name of parent/guardian:	
If YES, please state who informed the parent/guardian, action taken and outcome:	
If NO, please state the reason why not:	
Has the decision been made to refer the concern to an external agency?	YES/NO
If YES, please provide name and contact details of agency:	
If NO, please provide reason why not:	

Details from any further action taken or relevant information- this may include feedback, follow up calls, etc. (a separate sheet can be used if required):

Signature of Designated Person for Safeguarding

Please ensure a record of this form is added to the person's college records