

Incident Report Form

Key Information	
Event Leader	Full Name
Phone	Phone Number
Email	Email Address
Name of person involved	Full Name
Date of Birth	Date of Birth

Circumstances of Incident <i>(continue on a separate sheet if necessary)</i>	
Event where incident took place	Event
Date of Incident	Date
Location of incident	Location
Details of incident	Recording
Nature of harm	Recording
Treatment given	Recording
Reported to	Full Name & Contact Details, including reasons for sharing information

Other action taken Recording
Clergy / Religious / Staff / Volunteers Present Full Names & Roles
Names of other Adults Present Full Names
Children / Young People Present Full Names

Recording Author	
Completed by	Full Name
Role	Role
Signature	Signature
Date Form Completed	Date

This must be forwarded to the Safeguarding Coordinator
 Please store securely and confidentially, and retain in line with data retention policies.