



Appendix A5

Safeguarding Incident/Concern Form

Where a person is in imminent danger of harm or a criminal act may have been committed, the police must be notified immediately on 999. Otherwise, call 101 to report a crime or any other concerns that do not require an emergency response.

- Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding incident or concern. You do not have to fill in all sections.
- Please ensure you are as accurate and detailed as possible. Use quotes wherever possible, and do not interpret what was said using your own words.
- Record what you said as well as what the child, young person or adult said.
- Include details such as tone of voice, facial expression and body language.
- If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.
- The completed form must be passed on or sent by secure email to the designated safeguarding person, and immediately followed up after sending.

Date on which this form is completed			
Full name of the person reporting the concern/incident			
Relationship to child, young person, or adult concerned of being at risk			
Church details, if known	Synod	Church	Number
Contact details of church or organization, if known	Address	Phone numbers	Email
Full name of child, young person, or adult concerned of being at risk			
Date of Birth, if known			
Contact details, if known	Address	Phone numbers	Email
Has the individual given consent to report? (or report as appropriate)	Yes	No	Reason for no consent:
If under 18, have the parents/carers /guardians of the child been informed?	Yes	No	Reason for no consent:

Please give a summary of the safeguarding incident/concern	
Date/time of incident	
What happened? Please provide detailed information about the circumstances and the person experiencing or being at risk of harm, abuse or neglect (preferably as a timeline)	
When did it happen? (date, time)	
Where did it happen? (specific location)	
What action/s were taken, and by whom?	
Name of anyone involved and in what way, including witnesses	
Other services or agencies involved <u>Note:</u> If referred to statutory authorities, or other services, please include name and contact details	
Next steps or recommendations	
INTERNAL USE	
Date received	
Full name of Designated Person	
Progress	
Conclusion	