



## Safeguarding Incident Report

Please complete this form and pass it to your Designated Safeguarding Officer within 24 hours of the incident happening / concern arising.

**!** If the person at risk is in imminent danger of harm, you should refer directly to the police or social services without delay.

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### Section 1a: Your Details

Name:

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Role:

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Designated Safeguarding Officer:

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### Section 1b: Person at Risk's Details

(Complete to the best of your knowledge)

Person at Risk:

Child / Young Person       Adult

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Known As: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Gender:  Male  Female  Other:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Does the person have a disability?

Yes  No

If Yes, please state disability and source of diagnosis:

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Other Special Needs:

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## Section 1c: Parent / Guardian / Carer's Details

Parent / Guardian / Carer's Name:

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Contact Information:

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Have parents / guardians / carers been notified of this incident or concern?

Yes    No

If Yes, please provide details of what was said and any action agreed:

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If No, please provide details of why:

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## Section 2: Details of Incident / Concern

Type:

Concern    Incident

Does the concern / incident involve:

Staff / Volunteers    General Public    Teacher / Group Leader

## Details of the Incident or Concern

Please include:

- What are you worried about?
- Who are you worried about?
- Where did the incident happen / concern arise?
- When (date and time)?
- Any witnesses?

(Continue on a separate sheet if necessary)

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## Individual's Account of the Incident

(If recording a verbal disclosure, use the individual's own words)

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## Details of Person(s) Alleged to Have Caused the Incident / Injury

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Have you reported the incident to an external agency?

Yes  No

If Yes, please provide details of the agency contacted and what was said / action agreed:

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Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

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### **Section 3: To Be Completed by Designated Safeguarding Officer**

I confirm that I received this form on:

\_\_\_\_\_

I confirm that I have reviewed the information on this form within 24 hours of receipt and have decided to take the following action:

- Refer immediately by telephone to Gateway Team / Regional Emergency Social Work Service / PSNI / Ambulance
- Contact external agencies for advice / information
- Refer to Gateway Team in writing

(Consent must be gained for Adult Services if the person has capacity)

- Contact external agency to follow up referral made by staff / volunteer
- Take no further action**

#### **Explanation of Decision and Actions Taken**

**(Include details of any external agency contacted and actions agreed. Continue on a separate sheet if necessary.)**

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