

Safeguarding - Incident Report Form

See paragraph 6.6 of the Safeguarding Children and Vulnerable People Policy for advice on how to complete this form



Date of incident:			
Time of incident (if applicable):			
Place of incident:			
Child/vulnerable person involved:			
Name:		Gender:	
D.O.B:		Address:	
Telephone:		Nature of injury:	
University member involved:			
Project/Event:			

Brief description of what happened (including description of cause of any injury):

Child or vulnerable person's explanation of what happened:

Other members present:

Signed by reporter:	
Signed by witnesses:	
Date:	
Subsequent Action Taken:	

- On completion please discuss this form with the Designated Safeguarding Officer.
- Attach the original Risk Assessment Form.
- Copy to CGO for record keeping