

Strictly Confidential

Please print clearly

Full name of the Child:				DOB	
Address:					
Name(s) of parent(s) / carer(s)					
About the Incident					
Time	Date	Location	People involved	What role did they play (affected person/participate/witness)	
Describe the incident as fully as you can in your own words. If a child made a disclosure or allegation to you record in their words where possible. Attach additional sheets where necessary					
About the person filling out this form:					
Name				Role	
Address				Contact No:	
If you referred this directly to Children School and Families or the Police please state why, include the name of the worker / officer you spoke to and the date / time					
Date you sent this form to your Named person for Safeguarding					