**Incident / Concern reporting form**

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| --- | --- | --- | --- |
| **About the person completing the referral** | | | |
| Your name | Your mobile number | Your email address | Date form completed |
|  |  |  |  |
| **About the person or people we are concerned about or involved in the incident**  **(If an allegation, the details of the person making the allegation** | | | |
| Their name(s) | Their Address | Their Date of birth | Nature of Incident / disclosure / concern |
|  |  |  |  |
| **If an allegation, details of the person accused** | | | |
| *Please provide as much information as possible or necessary to identify them* | | | |
| **Details of the incident / disclosure / concern** | | | |
| *What happened / was said / have you noticed etc? Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.* | | | |
| **Context of the incident / disclosure / concern** | | | |
| *Where / when / who else was present etc*. | | | |
| Date of incident / disclosure | | Time of incident / disclosure | |
| Immediate action taken to ensure immediate safety | | | |
| Any other action taken or advice sought e.g. external agencies (if so, please provide contact details) | | | |
| Signature | | | |