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Description automatically generated

**06.1b Safeguarding incident reporting form** (for concerns, child welfare, physical intervention, witness statement, fact-finding)

**Name of setting:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name:** | | **Name of person reporting:** | | | **Name of designated safeguarding lead:** | | |
|  | |  | | |  | | |
| **Date of birth:** | | **Job title:** | | | **Job title:** | | |
|  | |  | | |  | | |
| **Date of concern** – when observation, event, disclosure was made | | | | |  | | |
| **Nature of Concern.** In the space below describe what was observed, using a body diagram, if necessary. | | | | | | | |
|  | | | | | | | |
| **Impact**: what are your main concerns about how this might impact on the child physically or emotionally, please include the child’s voice (as appropriate)? | | | | | | | |
|  | | | | | | | |
| Response to allegation/complaint: Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident. | | | | | | | |
|  | | | | | | | |
| Signature of person completing the form | | |  | | | | |
| Hand this form to your setting’s designated safeguarding lead; discuss your concerns and agree what action is to be taken and when it will be reviewed. | | | | | | | |
| **Outcome decisions/actions to be taken** (Tick all that apply) | | | | | | | |
| No further action | | | | | | |  |
| Offer support (provide details) | | | | | | |  |
|  | | | | | | | |
| Continue to monitor (detail what, who by and until when) | | | | | | |  |
|  | | | | | | | |
| Referral/signposting/advice/guidance to be offered by setting (provide details) | | | | | | |  |
|  | | | | | | | |
| Refer to social care for child protection. | | | | | | |  |
| Liaise with social care to refer to CAF (Common Assessment Framework)/EHA (Early Help Assessment | | | | | | |  |
|  | | | | | | | |
| Signature of designated safeguarding lead: |  | | | Date completed: | |  | |

**Physical intervention**

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent/carer to sign here to confirm that they have been informed of the circumstances of the event as recorded here.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of parent/carer: |  | Date: |  |