

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

**Name of setting:**

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| **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.

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