Children and Vulnerable Adults Safeguarding

Incident Reporting Form Time: Date: Venue: Your Name: Your Position: Name of child/vulnerable adult: Gender M/F: Date of Age: birth: Child/vulnerable adult's religious and ethnic background: Any identified disability or special factors: Child/vulnerable adult's address: Other people living at the address (if known) Tel No: **Next of** kin: Address (if different from above): Tel No (if different from above): Brief description of what has prompted the concerns: include dates, times etc of any specific incidents:

Have you or anyone else snoken wi	th the parent/family/carer(s)? Y/N
Have you or anyone else spoken with the parent/family/carer(s)? Y/N If yes, please outline what was said:	
ii yes, piease outilile what was said.	
Have you explained that you may have to disclose information regarding this	
allegation to a third party? Y/N	
If yes, please outline what was said:	
	Γ
Date:	Signature:
Remember; do not discuss this with friends or colleagues. Arrange to see your Designated Child/Adult Safeguarding Officer urgently, they will initiate	
appropriate action.	
For office use only:	
SafetyNet Reference number	
Date input to SafetyNet	
Reporting officer interview date	
Interview time	
Interviewing officer	

Please return this form to Community Safety as soon as you have filled it out — safeguarding@communitysafetynh.org or call 01252 774476. You are responsible for confirming that a member of the team has received it. If there is an immediate concern for life please call 999.