



SUTTON UNITED FOUNDATION

SAFEGUARDING INCIDENT REPORT FORM

Please fill in as much of this form as possible and return it to us (preferably within 24 hours of the occurrence of the incident or disclosure). On completion, this form must be given to Bobby Childs, Lead Designated Safeguarding Officer, in a sealed envelope marked 'confidential' or sent by email to foundation@suttonunited.net. All information will be treated in accordance with the Data Protection Act and Information Sharing Protocol.

Name and position of person reporting incident/concern:
Date and time of completion of form:
Date and time of the incident/disclosure:
Child/adult's name:
Child's date of birth and age group: U6/U7/U8/U9 / U10 / U11 / U12 / U13 / U14 / U15 / U16 / U17 / U18 (please circle)
Child/adult's address:
Name(s) and address of carer/parent (if appropriate):
<i>When completing the information below, please continue onto a separate sheet if necessary.</i>
Please describe your concerns here (give details of location, times of specific incidents, any physical, behavioural or indirect signs and the people/staff involved).

Safeguarding Incident Report Form

Have you spoken to the child/adult/s involved? If so, what exactly was said? (please record details in the person's own words):

Safeguarding Action Form

Action taken so far:

Outcome:

4 Weekly Review:

Signature Parent:
Date:
Name:
Signature DSO:
Date:
Name: