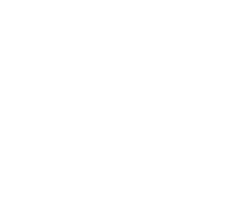
Appendix A5  
**Safeguarding Incident/Concern Form**



Where a person is in imminent danger of harm or a criminal act may have been committed, the police must be notified immediately on 999. Otherwise, call 101 to report a crime or any other concerns that do not require an emergency response.

* Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding incident or concern. You do not have to fill in all sections.
* Please ensure you are as accurate and detailed as possible. Use quotes wherever possible, and do not interpret what was said using your own words.
* Record what you said as well as what the child, young person or adult said.
* Include details such as tone of voice, facial expression and body language.
* If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.
* The completed form must be passed on or sent by secure email to the designated safeguarding person, and immediately followed up after sending.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date on which this form is completed** |  | | | | | |
| Full name of the person reporting the concern/incident |  | | | | | |
| Relationship to child, young person, or adult concerned of being at risk |  | | | | | |
| Church details, if known | **Synod** | | | **Church** | | **Number** |
| Contact details of church or organization, if known | **Address** | | | **Phone numbers** | | **Email** |
| **Full name of child, young person, or adult concerned of being at risk** |  | | | | | |
| Date of Birth, if known |  | | | | | |
| Contact details, if known | **Address** | | | **Phone numbers** | | **Email** |
| Has the individual given consent to report? (or report as appropriate) | **Yes** |  | **No** | | Reason for no consent: | |
| If under 18, have the parents/carers /guardians of the child been informed? | **Yes** |  | **No** | | Reason for no consent: | |
| **Please give a summary of the safeguarding incident/concern** |  | | | | | |
| Date/time of incident |  | | | | | |
| What happened?  Please provide detailed information about the circumstances and the person experiencing or being at risk of harm, abuse or neglect (preferably as a timeline) |  | | | | | |
| When did it happen? (date, time) |  | | | | | |
| Where did it happen? (specific location) |  | | | | | |
| What action/s were taken, and by whom? |  | | | | | |
| Name of anyone involved and in what way, including witnesses |  | | | | | |
| Other services or agencies involved  Note: If referred to statutory authorities, or other services, please include name and contact details |  | | | | | |
| Next steps or recommendations |  | | | | | |
| **INTERNAL USE** | | | | | | |
| Date received |  | | | | | |
| Full name of  Designated Person |  | | | | | |
| Progress |  | | | | | |
| Conclusion |  | | | | | |