

INCIDENT REPORT FORM

To comply with the STB Safeguarding Policy it is important that we record details of any suspected abuse and/or safeguarding incidents. Information provided on this form will only be used for this purpose and will be stored confidentially.

Name of child.....Age/date of birth.....

Name(s) of parent(s)/carer(s)

Address.....

Telephone number.....

Your name & contact details.....

Are you reporting your own concerns or responding to concerns raised by someone else?

If someone else's please give their name.....

Briefly describe the incident or concerns you have, include dates, times, location, description of any injuries, and any other relevant details: (Please make clear whether first hand or the account of others.)

Please give details of anyone alleged to have caused the incident or to be the source of any concerns:

Have you spoken with the child?
If yes, what was said by you, and the child? *(Using their own words as much as possible)*

Have you spoken with the parent(s)/carer(s)?
If yes, what was said?

Have you contacted any outside agencies?
If yes, please specify with date, contact name & number and advice given, if any.

Signature..... Date.....

Action(s) taken by STB on receipt of report, include date(s):