



Safeguarding Incident Report Form

If you have cause for concern relating to an adult, child or young person (under 18) please fill in as much of this form as possible (preferably within 24 hours of the occurrence of the incident or disclosure).

Your name	Your position (within the church)
Date and time of completion of form	

Name of individual of concern	
Relevant details about the individual of concern <i>Eg Family circumstances, physical and mental health, communication difficulties</i>	
Name and address of carer/parent (if appropriate)	

When completing the information below, please continue on a separate sheet if necessary

Are you recording:	
<ul style="list-style-type: none"> • Disclosure made directly to you by the individual of concern? • Disclosure or suspicions from a third party? • Your suspicions or concerns? 	
Date and time of disclosure or incident:	
Details of the allegation/suspicion. <i>(Please state exactly what you were told/observed and what was said. Use the person's own words as much as possible.)</i>	
.	
Who have you spoken to about your concerns? <i>(Person at risk, carer/parent, group leader, social services – please give name where possible)</i>	

Action taken so far:	
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Signature:

Date:

Print Name:

On completion, the form and attached Body Map, if appropriate, should be placed in a sealed envelope, marked 'Confidential' and addressed to 'The Designated Person for Safeguarding Adults at Risk' or 'The Designated Person for Safeguarding Children and Young People' and put in the Safeguarding Tray in the church office. The Designated Person should then be informed that the form is in the tray waiting for their action.

Alternatively all information can be emailed directly and confidentially to the relevant Designated Person at either (a) safeguardingadults@fbc.org.uk; or (b) safeguardingchildren@fbc.org.uk

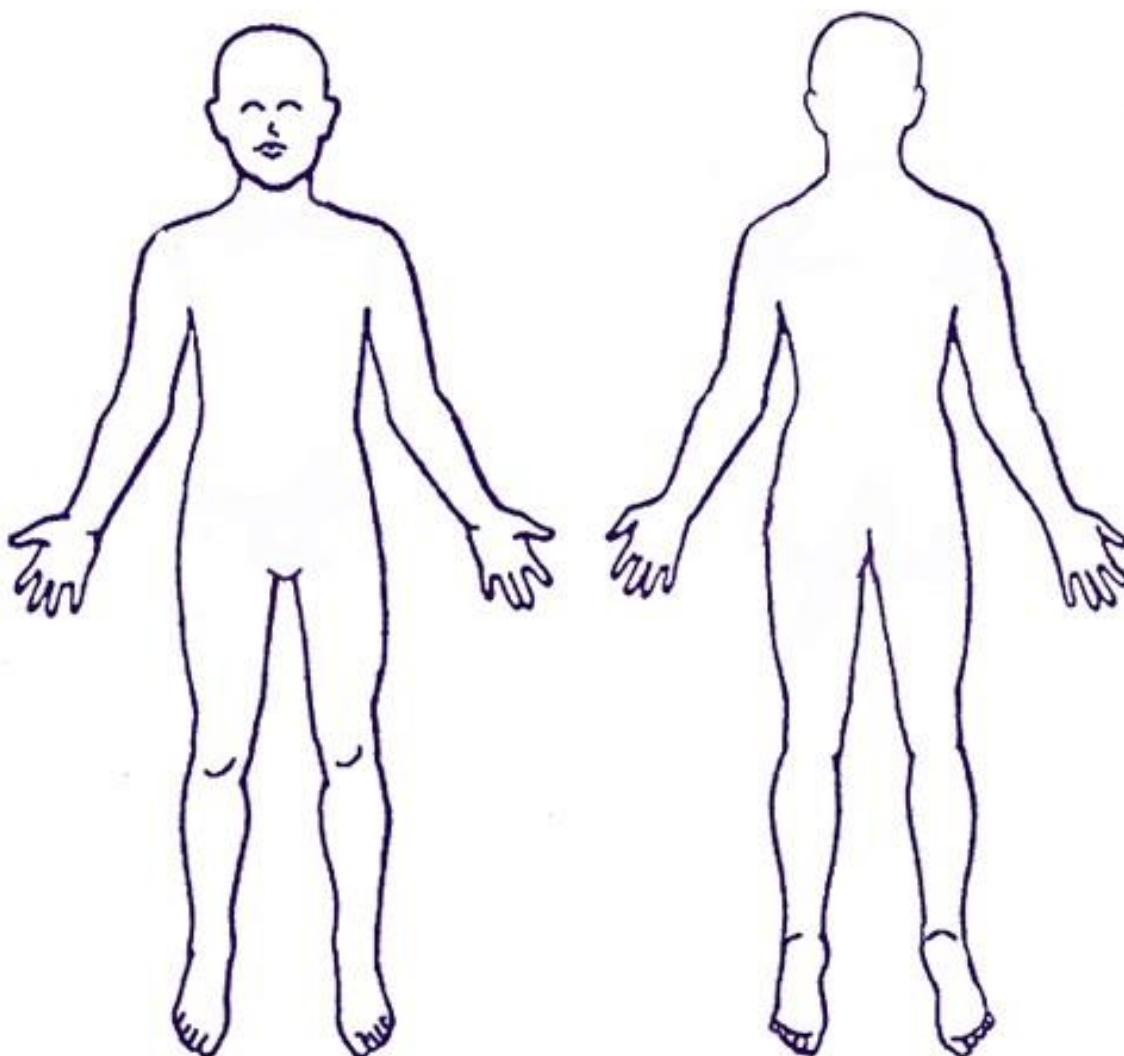
Body Map

(to accompany Safeguarding Incident Report Form, if appropriate)

Name of Individual of Concern:

Name of person completing form:

The diagrams below are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts or other injuries occur, please shade and label them clearly on the diagram. **Remember it is not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.**



Signature:

Date:



Safeguarding Incident Follow-Up Form

To be completed by the Designated Person for Safeguarding

Your name (DPS)	
Contact details (of DPS)	

Name of concerned person or to whom disclosure was given	
Contact details of concerned person or to whom disclosure was given	

Individual of Concern – Contact Details

Name	Date of Birth <i>(if known)</i>
Address <i>(including phone number and email address)</i>	Contact details of Parent/Carer <i>(if known)</i>

The Incident

What happened? <i>(Nature of concern / disclosure made – use the person’s own words if known)</i>
When and where did it happen? <i>(date, time and specific location)</i>
Who was allegedly involved and in what way? <i>(includes witnesses)</i>

Action That Has Been Taken

Have the carers or parents/guardians been informed?

If so, when and by whom?

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Have the statutory authorities been informed?

If so, please complete the table below

Example

Authority	<i>Police</i>				
Name	<i>PC Squash</i>				
Position	<i>Child abuse officer</i>				
Email contact	<i>pc@police.com</i>				
Phone contact	<i>012374</i>				
Contacted by	<i>Minister</i>				
Date and time of contact	<i>1.30 pm 1/4/18</i>				

Has the SCBA / Local Association been informed?

(Please do so if statutory authorities are involved)

If so, when and by whom?

Further Action To Be Taken

What further action needs to be taken?

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Who is responsible for this?.....

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Signature of Designated Safeguarding Person		Signature of Minister, or Church Safeguarding Team Member	
Date and Time		Date and Time	