

# SAFEGUARDING INCIDENT REPORTING FORM

## STRICTLY CONFIDENTIAL

TO BE COMPLETED BY STAFF IN ALL INSTANCES OF SAFEGUARDING  
QUERIES/CONCERNS

**Date of initial report/ referral:**

**Time of initial report/ referral:**

**Staff member(s):**

**Name and details of individual(s) concerned** *(please include all names of those involved or implicated and contact details/whereabouts as known. Where students please include ID numbers and where children please indicate ages/dates of birth if known):*

**Does the report/ referral relate to concern(s) arising from within a practice area? Y/N** *(if yes, please give details, and is the placement area aware of them?):*

**Name of Mentor/Supervisor/Practice Educator/Personal Tutor (if applicable):**

**Nature of concern(s):**

**Description of actions taken/advice given (include contact details of internal/external people/agencies contacted if relevant):**

**Signed:**

**Date:**

Please pass this form to the Designated Safeguarding Lead/other nominated authority e.g. your line manager once completed