

Incident Report Form

Key Information

Event Leader	Full Name
Phone	Phone Number
Email	Email Address
Name of person involved	Full Name
Date of Birth	Date of Birth

Circumstances of Incident *(continue on a separate sheet if necessary)*

Event where incident took place	Event
Date of Incident	Date
Location of incident	Location
Details of incident	Recording

Nature of harm
Recording

Treatment given
Recording

Reported to
Full Name & Contact Details, including reasons for sharing information

Other action taken

Recording

Clergy / Religious / Staff / Volunteers Present

Full Names & Roles

Names of other Adults Present

Full Names

Children / Young People Present

Full Names

This must be forwarded to the Safeguarding Coordinator
Please store securely and confidentially, and retain in line with data retention policies.