

Child Protection Procedures

Incident Report Form - Private and Confidential Part A - Incident Form

Details of the Child and their Parents/Carers		
Name of Child:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	Date of Birth:	
Parent/Carers name(s):		
Home Address:		Contact telephone number(s):
Your Details:		
Name:	Position:	Date and Time of the incident:
Report:		
Are you reporting your own concerns? <input type="checkbox"/>		
Are you responding to concerns raised by someone else? <input type="checkbox"/>		If so, please provide their name and position.
Please provide details of the incident or concerns you have. Include times, dates and other relevant information (e.g. describe injuries whether fact, opinion or hearsay):		
The child's account of what happened and how:		

If known, please provide details of the person alleged to have caused the incident/injury and where possible any details:

If possible, provide details of any witnesses to the incident(s):

Have you spoken to the Parents?

Yes

No

Have you spoken to the child?

Yes

No

Have you spoken to the person the allegations are being made against?

Yes

No

Further Action taken to date:

Child Protection Officer informed:

Provide Name, Title, Contact Number and details of how and when he/she was contacted.

Data Protection

As the person completing this form, you must notify each person whose information you include about what will happen to their information and how it may be disclosed except to the extent that doing so would prejudice either the prevention or detection of a crime or the apprehension or prosecution of an offender.

Your signature:

Date:

Time:

Part B - Child Protection Officer Form

Your Details:		
Name:		Position:
Report:		
Please give the name and position of the person reporting a concern:		
Please provide details of the incident reported to you (how and when it was reported).		
Have you spoken to the Parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:
Have you spoken to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:
Have you spoken to the person the allegations are being made against? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:
Further Action taken to date:		
Have you informed the statutory authorities: Children's Social Care: <input type="checkbox"/> Yes <input type="checkbox"/> No		Police: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the person and his/her contact number:
Your signature:	Date:	Time: