

Child Protection Incident Report



Your name:	Name of organisation:
Your role:	
Contact information (you): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <i>Email address:</i>	
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <i>Email address:</i>	
Have parent's / carer's been notified of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	

If responding to concerns raised by someone else: *Please provide further information below*

Name:

Professional role or relationship to the child:

Telephone numbers:

Email address:

Date and times of incident:

Details of the incident or concerns:

Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.

Child's account of the incident:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

Name:

Professional role or relationship to the child:

Date of birth (if child):

Address:

Telephone number:

Postcode:

Email address:

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

Name:

Professional role or relationship to the child:

Date of birth (if child):

Address:

Telephone number:

Postcode:

Email address:

Please provide details of action taken to date:

Has the incident been reported to any external agencies?

- Yes
 No

If YES please provide further details:

Name of organisation / agency:

Contact person:

Telephone numbers:

Email address:

Agreed action or advice given:

Your Signature:		Print name:	
Date:			

**This form must be returned immediately to the DSL: Robert Pitman.
Please telephone prior to sending anytime to alert before its arrival. Send electronic copies to
rob@paradigmarts.co.uk or post to: 21 St Catherines Grove, Lincoln, LN5 8NA**