

## Incident Report Form

Model form for use by a person working with children and/or young people to record any incident or concern. Such reports should be given to the Children's Advocate/Responsible Person.



# Incident Report Form

[This report form is for the purpose of keeping a record of reports made to the Children's Advocate/Responsible Person. As well as this report, you should make a full factual written record of your observations and any conversations, which should be signed and dated.]

Name of worker .....

Name of organisation .....

Name of child .....

Date & time of incident .....

Nature of concern:

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Have you made a full written record of the incident/concern? Yes  No  (Please tick)

Who have you spoken to about your concerns?

Child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)	
Carer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)	
Organisation leader	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)	Name .....
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)	Name .....
Social Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)	Name .....

What feedback have you received?

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How have your concerns been followed up? .....

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Signature of Worker: ..... Date and time .....

Signature of Children's Advocate/  
Responsible Person ..... Date and time .....

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Issue Date: 2011