06.1b Safeguarding incident reporting form (for concerns, child welfare, physical intervention, witness statement, fact-finding)

During the Covid outbreak, this form is also to be used to record contact with families of vulnerable children and those who are considered to be on the edge of needing additional support and are currently not attending the setting

Name of setting:		
Child's name:	Name of person report	ting: Name of designated person:
Date of birth:	Job title:	Job title:
Date of concern – when	observation, event, disclosure was	made
Nature of Concern. In the	e space below describe what was o	bserved, using a body diagram, if necessary.
Impact: what are your ma	in concerns about how this might in	npact on the child physically or emotionally,
please include the child's	_	inpact on the orma physically of emotionally,
	mplaint: Please advise in your word e you were in relation to the alleged	ds, what happened, when and where, what did dincident.

Signature of person completing the form			
Hand this form to your setting's designated person; discuss your concerns and agree what action is to be taken and when it will be reviewed.			
Outcome decisions/actions to be taken (Tick all that apply)			
No further action			
Offer support (provide details)			
Continue to monitor (detail what, who by and until when)			
Referral/signposting/advice/guidance to be offered by setting (provide details)			
Refer to social care for child protection.			
Liaise with social care to refer to CAF (Common Assessment Framework)/EHA (Early Help Assessment			
Signature of designated person:	Date completed:		
Physical intervention			
If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent to sign here to confirm that they have been informed of the circumstances of the event as recorded here.			
Signature of parent:	Date:		