



# Incident Report Form

This report is for the purpose of keeping a record of reports made to the Responsible person. As well as this report, you should make a full and factually written record of your observations and any conversation, which should be signed and dated.

Name of worker:

Name of the child/young person:

Date and time of incident:

Name of project:

Nature of concern:

Have you made a full written record of the incident/concern? (please circle)    YES    NO

Who have you spoken to about your concerns? (please circle)

|                 |     |    |            |
|-----------------|-----|----|------------|
| Child           | YES | NO |            |
| Carer           | YES | NO |            |
| Project leader  | YES | NO | Name _____ |
| Other           | YES | NO | Name _____ |
| Social services | YES | NO | Name _____ |

What feedback have you received?

How have your concerns been followed up?

Signature of worker

Date

Signature of Responsible Person

Date