##

## SAFEGUARDING INCIDENT/CONCERN REPORT

Guidance for handling a Disclosure or Concern:

* Take all complaints, allegations or suspicions seriously
* Ensure the immediate safety and wellbeing of the person affected
* Stay calm, and offer support and reassurance to the person making the disclosure
* Do not make any promises regarding confidentiality
* Listen, keep questions to a minimum, make brief but careful notes and check the person affected agrees with them (where applicable)
* Explain what you will do
* Do not investigate

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| **Details of person at risk** |
| Name of young person/adult |  | Date of birth |  |
| Address |  | Contact details |  |
| Parent/carer/emergency conact name and contact details  |  | Other staff/volunteers aware of concern |  |

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| **Do these concerns relate to a specific incident/disclosure?****If YES complete Section A; If NO, omit section A and move straight to Section B** |
| **Section A** |
| Date and time of incident/disclosure |  | Location of incident/disclosure |  |
| Was disclosure made to you or someone else? |  | Other persons present |  |

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| **Section B** |
| Details of concern/incident/disclosure *(dates, times, descriptions of events, full names and whether the information is first hand or the accounts of others; try to use exact wording if possible)* |
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| Date and time of disclosure/incident:  |
| Are there any injuries as a result of the concern *provide details* |  |
| Are any other young people/adults involved, aware of the concern or potentially at risk? *Please provide details*  |  |
| Is an immediate referral required? |  | Give details of any action taken |  |
| Give details who referral has been made to *(What was discussed? Agreed outcomes? Further actions; by whom?)* |  |

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| **Your details** |
| Your Name |  | Your role |  |
| Date form completed  |  | Your contact details |  |
| Safeguarding officer concern reported to  |  | Signed |  |

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| **To be completed by designated safeguarding lead or safeguarding officer** |
| Action taken by DSL/safeguarding officer: *include measures to support/safeguard individual/s who are making referral*  |
| Full name  |  | Date |  |
| Signature |  |

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| Further action taken by DSL:   |
| Full name  |  | Date |  |
| Signature |  |

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| Referred to National VPC Safeguarding Manager:  |
| Full name  |  | Date |  |
| Signature |  |