

**Serious Incident Report Form**

*Use this form for suspected, partial or fully disclosed abuse and serious complaints or incidents.  
Complete every section. Use extra pages if necessary*

<b>Name of child/person:</b>	<b>Date of Birth:</b>
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**Address of child/person:**

**Details of Person/ Parents/Guardian:**  
**Their address:**

**Relevant telephone numbers**

- Child.....
- Parents.....
- Guardian.....
- Doctor.....
- Police.....
- Social services.....

<b>Date of incident:</b>	<b>Time of incident Report:</b>
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**Location of incident:**  
**Address of location:**

**Details of the incident both spoken and witnessed. Record what the child/person has told you.**

**Record any evidence (physical injury, change of behaviour or appearance).**

**Did you inform police    Yes/No    If yes provide the Case Number.....**

**Did you inform Social Services    Yes/No  
If yes provide a contact name or reference number.....**

**Details of those informed of incident**

**1.  
Name.....**

**Address.....**

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.....

.....

2.

Name.....

Address.....

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**Report written by:**

**Your position:**

**Add your signature:**

**Date:**

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**Report verified by:**

**Your position**

**Add your signature**

**Date:**

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**Secretary:**

**Add your signature:**

**Date:**

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