

Appendix 13

Incident Report Form to be completed by the Responsible Person

This report form is for the purpose of keeping a record of reports made to the Responsible Person. As well as this report, a full factual written record of any observations and conversations should be made, signed and dated.

Name of worker

Name of organisation

Name of child

Date and 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 NO (Please tick)

Parent/Carer YES NO (Please tick)

Principal Leader of group YES NO (Please tick) Name

Other YES NO (Please tick) Name

Social Services YES NO (Please tick) Name

What feedback have you received?

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How have your concerns been followed up?

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Signatures:

Worker Date and time

Responsible Person Date and time