

Incident Report Form

[This report form is for the purpose of keeping a record of reports made to the Children's Advocate/Responsible Person. As well as this report, you should make a full factual written record of your observations and any conversations, which should be signed and dated.]

Name of worker

Name of organisation

Name of child

Date & 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)

Carer Yes No (Please tick)

Organisation leader 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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Signature of Worker: Date and time

Signature of Children's Advocate/
Responsible Person Date and time