

## Appendix 6 – Incident Report form for suspected abuse



This report form is for the purpose of keeping a record of reports made to the Designated 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 / young person .....

Date & time of incident .....

Nature of concern:

Have you made a full written record of the incident/concern? Yes / No

Who have you spoken to about your concerns?

Child or young person Yes / No

Carer Yes / No

Organisation 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 and time .....

Signature of Designated Person ..... Date and time .....