06.1b Safeguarding incident reporting form (for concerns, child welfare, physical intervention, witness statement, fact-finding)

Name of setting:

Child's name:	**Name of person reporting:**	**Name of designated safeguarding lead:**
Date of birth:	**Job title:**	**Job title:**

Date of concern – when observation, event, disclosure was made

Nature of Concern. In the space below describe what was observed, using a body diagram, if necessary.

Impact: what are your main concerns about how this might impact on the child physically or emotionally, please include the child's voice (as appropriate)?

Response to allegation/complaint: Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident.

Signature of person completing the form

Hand this form to your setting's designated safeguarding lead; discuss your concerns and agree what action is to be taken and when it will be reviewed.

Outcome decisions/actions to be taken (Tick all that apply)

No further action	
Offer support (provide details)	
Continue to monitor (detail what, who by and until when)	
Referral/signposting/advice/guidance to be offered by setting (provide details)	
Refer to social care for child protection.	
Liaise with social care to refer to CAF (Common Assessment Framework)/EHA (Early Help Assessment	

Signature of designated safeguarding lead:

Date completed:

Physical intervention

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent/carer to sign here to confirm that they have been informed of the circumstances of the event as recorded here.

Signature of parent/carer:

Date: