

Appendix C - INCIDENT RECORDING FORM

Date and time of incident:

Date on which this report was written:

Your full name:

Full name of child, young person or adult concerned:

Address, if known.....

Date of birth, if known.....

Location / Situation:
.....
.....
.....
.....
.....

Other people present:
.....

Signed:

Dated: (person who wrote this report)

Form received by Safeguarding Officer (or Chairman or Deputy Chairman in their absence)

Name Position

Signature Date