

Safeguarding Children Incident Report Form

The Child's Details	
Name:	
Address:	Telephone number:
Date of birth/Age	Gender:
Disability/Vulnerability?	TMD Client? Y/N
	If not, relationship to TMD client?
Parent/Guardian/Carer details	
Full Name:	Address: (if different from above)
Date of Birth: (if known)	
Details of Concern	
Date and time of report	Date and time of incident
Location of incident (if known)	
Is the child/young person aware that you are reporting the concern?	
Is the parent/guardian aware that you are reporting the concern?	
Is the alleged perpetrator aware that you are reporting the concern?	
Are you recording:	
Allegation or concern reported to you directly by the child?	

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- Allegation or suspicions from a third party? (If so by whom?)
- Your own suspicions or concerns?

Please state below details of the report/concern. State exactly what you were told/observed and what was said. If the concern was raised by the child themselves, use the child's own exact language as much as possible.

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Action taken so far:

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Is this the first time you have raised a concern about this person? If not, please record date and details of any previous safeguarding concern(s)

If there are others who witnessed the incident, please provide their names and contact details

Name(s):

Contact details:

Signed:

Date:

Please submit this completed form to the Safeguarding Lead/Deputy Safeguarding Lead at Taylor-Made Dreams without delay