

A4 - St Andrew's Safeguarding Incident/Concern Report Form

Where a person is in imminent danger of harm or a criminal act may have been committed, the police must be notified immediately on 999. Otherwise, call 101 to report a crime or any other concerns that do not require an emergency response.

- Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding incident or concern. You do not have to fill in all sections.
- Please ensure you are as accurate and detailed as possible. Use quotes wherever possible, and do not interpret what was said using your own words.
- Record what you said as well as what the child, young person or adult said.
- Include details such as tone of voice, facial expression and body language.
- If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.
- The completed form must be passed on or sent by secure email to the designated safeguarding person, and immediately followed up after sending.

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|--|--|---|-------------------------------|
| Date on which this form is completed | | | |
| Full name of the person reporting the concern/ incident | | | |
| Relationship to child, young person, or adult concerned of being at risk | | | |
| Church details, if known | East Midlands | St Andrew's URC Chesterfield | 5A12 |
| Contact details of church or organization, if known | 187 Newbold Road Chesterfield S41 7BE | Church Secretary: 07870 641292 | Isharples75@gmail.com |
| Full name of child, young person, or adult concerned of being at risk | | | |
| Date of Birth, if known | | | |
| Contact details, if known | Address | Phone numbers | Email |
| Has the individual given consent to report? (or report as appropriate) | Yes | No | Reason for no consent: |

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|---|------------|--|-----------|------------------------|
| If under 18, have the parents/carers /guardians of the child been informed? | Yes | | No | Reason for no consent: |
| Please give a summary of the safeguarding incident/concern | | | | |
| Date/time of incident | | | | |
| What happened? Please provide detailed information about the circumstances and the person experiencing or being at risk of harm, abuse or neglect (preferably as a timeline) | | | | |
| When did it happen? (date, time) | | | | |
| Where did it happen? (specific location) | | | | |
| What action/s were taken, and by whom? | | | | |
| Name of anyone involved and in what way, including witnesses | | | | |
| Other services or agencies involved <u>Note:</u> If referred to statutory authorities, or other services, please include name and contact details | | | | |
| Next steps or recommendations | | | | |
| INTERNAL USE | | | | |
| Date received | | | | |

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|--------------------------------|--|
| Full name of Designated Person | |
| Progress | |
| Conclusion | |