

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

**Name of setting:**

<b>Child's name:</b>	<b>Name of person reporting:</b>	<b>Name of designated safeguarding lead:</b>
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<b>Date of birth:</b>	<b>Job title:</b>	<b>Job title:</b>
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**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.

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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: