**Calthorpe Community Garden Safeguarding Concern / Incident Report**

This report form should be completed as soon as possible after an incident, and definitely within 24 hours. The completed form should be sent securely to the Designated Safeguarding Lead on completion. If completed electronically, this document must be password protected before sending.

This form is designed to capture information and does not detail subsequent or associated actions that may be required, such as reviews or investigations. Please consult the CCG Child Protection Procedures for further information about required next steps.

**Safeguarding incident or concern: Report form**

| This form is designed to report any safeguarding incidents or concerns. It should be completed by the worker who has been disclosed to, who witnessed the incident, was most directly involved or who provided first aid if relevant. Once completed it must be submitted securely to the Designated Safeguarding Lead as per the organisation’s reporting protocols. |  | **REFERENCE NUMBER** (#) |
| --- | --- | --- |

| Name & role of person completing this form: | |
| --- | --- |
| Programme/activity name: | Date form is completed: Date |

**Details of child, young person or adult at risk:**

| Name: | Gender: |
| --- | --- |
| Age: | Any further information that may be useful to consider: |

**Parents/carers details (to be completed by DSL if necessary):**

| Name: | Address: |
| --- | --- |
| Contact number: | Email address: |
| Have parents/carers been notified of the incident?: Yes / No | If yes, please provide details: |

**Details of reportee:**

| Are you reporting your own concerns or responding to concerns raised by someone else? | Reporting my own concerns |  |
| --- | --- | --- |
| Responding to someone else’s concerns |  |
| If responding to someone else’s concerns, please provide their details below: | | |
| Name: | | |
| Relationship to child, young person or adult at risk: | | |
| Email address: | | |
| Contact number: | | |

**Incident Details:**

| Date/ Time: | | Group/activity name (if applicable): |
| --- | --- | --- |
| Location of incident: | | |
| Description of the incident or concern: (continue on separate sheet if necessary & include reference number):  *(Include relevant, detailed information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay)* | | |
| Details of any previous concerns, incidents or relevant safeguarding records (e.g. other reports in individual’s safeguarding case file): | | |
| Child, young person or adult at risk account of the incident or concern if applicable: *(use their own words)* | | |
| Witness account of incident or concern: | | |
| **Details of any witnesses:** | | |
| Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)* | Relationship to child, young person or adult at risk: | Contact details (if applicable): |
| **Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:** | | |
| Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)* | Relationship to child, young person or adult at risk: | Contact details (if applicable): |
| **Outcome of incident & immediate actions taken:**(tick box(es) where relevant) | | |
| * Ambulance required?   Name of hospital / medical facility attended if applicable:   * Police/fire/rescue services attended?     Notes: | First aid treatment provided: and by whom | Medication given: |
| Any resulting change of plans or disruption to the programme, if applicable: | Disciplinary procedures enacted: | Were any immediate changes to risk management procedures made? |

| Signed By Author: | Name: | Date: |
| --- | --- | --- |

**Reporting to the Designated Safeguarding Lead (DSL) section:** *(to be completed by DSL)*

| Date & time DSL notified of incident/concern: | | |
| --- | --- | --- |
| Date & time this form passed on to DSL (if different from above): | | |
| DSL comments: *(who else concern discussed with/ actions taken / impact on rest of programme / external agency involvement / information sharing (what, when, who?) / initial lessons learned / follow-up actions required):* | | |
| **External agency referral:**(tick box where relevant) | | |
| * **Social services notified**     Date & time of referral:      Name of contact person:      Contact number / email:      Agreed action or advice given: | * **LADO (Local Authority Designated Officer) notified**     Date & time of referral:      Name of contact person:      Contact number / email:      Agreed action or advice given: | * **Other referral made**     Agency:      Date & time of referral:      Name of contact person:      Contact number / email:      Agreed action or advice given: |

| Signed By DSL: | Name: | Date: |
| --- | --- | --- |

**For Office Use Only:**

| Follow-up action required: | | |
| --- | --- | --- |
| Action: | Due date: | Person(s) responsible: |
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