

HHC SAFEGUARDING INCIDENT REPORT FORM

CONFIDENTIAL

Details of Person Reporting Concern				
Name				
Date				
Location				
Email Address				
Telephone / Mobile Number				
Position within HHC				
Relationship to child / vulnerable adult concerned (if relevant)				
Details of Referral				
Is this a direct referral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please give name, role and contact details of person(s) raising concern				
Details of Child / Children / Vulnerable Adult				
Name(s)				
Age or date of birth				
Address/Place of residence				
Telephone Number				
Who is responsible for the child/children/vulnerable adult				
What is their relationship to the child/children/vulnerable adult?				
Details of Concern				

<p>Brief description of concerns – including dates and details of specific incidents</p>				
<p>Has the child/children/vulnerable adult been spoken to?</p>	<p>Yes</p>		<p>No</p>	
<p>If Yes, what was said?</p>				
<p>Is there evidence of physical abuse (e.g. bruising) or obvious distress?</p>	<p>Yes</p>		<p>No</p>	
<p>If Yes, please provide details</p>				
<p>Has an allegation been made about a specific person(s)</p>	<p>Yes</p>		<p>No</p>	
<p>Have any external agencies been notified in accordance with local procedures?</p>	<p>Yes</p>		<p>No</p>	
<p>If Yes, please provide contact name and details</p>				
<p>Details of any immediate actions taken e.g. medical aid</p>				
<p>Location of child/children/vulnerable adult at time of reporting</p>				
<p>Additional information that is relevant to this incident</p>				

This form should be completed within 24 hours, preferably within the same working day, as the reported concern.

Please email the completed form as soon as possible to the Safeguarding and Participation Focal Person in your programme. If this is the person suspected of abuse, please email this form to the Country Director.