

HDCS Child and Vulnerable Adult Safeguarding Policy - Incident Reporting Form – *KEEP HIGHLY CONFIDENTIAL*****

Date of Report:Time:Location:

How was the information received? Please tick:

In-person

Letter

E-mail

Phone

1. Details of Child/Vulnerable Adult

Name:

Age and Gender:

Address:

School (if relevant)/ Education level:

Occupation:

Any disability:

Alias:

Others (any):

2. Details of Person/s Reporting Concerns (if provided)

Name:

Address:

Cell no:

Occupation:

Relationship to Child/ Vulnerable Adult:

3. Details of Report

Details of alleged perpetrator:

Age and Gender:

Relationship to child/ vulnerable adult:

Occupation:

Current situation of Child/Vulnerable Adult(s):

Presenting problems:

Safety:

Physical health:

Psychological:

Social:

Other:

Detail Description of concern, allegation or complaint:

Date:

Time:

Location of incident(s):

Incident that occurred:

Witness (if known):

Does the Child/Vulnerable Adult(s) know this concern is being raised?

Is alleged perpetrator HDCS personnel? Yes.....No.....

Any other details of concerns, allegations or incident(s) dates, times, who was present, who else knows, description of any observed injuries, parents' views, vulnerable adult's views, child's views if known.

4. Details of Parents/Guardians

Reporter discussed with parents/guardians yes/no

Parents/Guardians are aware that this concern is being reported to HDCS yes/no

Parent/Guardian Info

Relationship to Child/Vulnerable Adult:

Name of Parent/Guardian:

Address:

Cell no:

5. Report recipient details:

Name:

Position:

Date:

Contact:

Signature: