# Appendix 1 Incident Report Form

**PRIVATE AND CONFIDENTIAL**

**Section A – To be completed by staff to report all incidents, and/or reports of alleged or suspected abuse, involving children and/or vulnerable adults.**

**1. Details of Child /Vulnerable Adult**

Name: Adult: Y/N Child Age:

Parent’s/Guardian’s names:

Home address (and phone number if available):

Tel No: Name of school (where appropriate):

Mobile No:

**2. Details of Incident**

*Please describe the sequence of events including: time and location of incident, description of any injuries observed and any treatment given and details of contact made with parents or guardians. Where appropriate give details of alleged abuse and details of allegations or suspicions of abuse,*

*A narrative report or additional pages may be attached for completeness.*

**3. Details of Informant**

Name: Contact Tel No:

Contact Address: Work Location :

Is additional report attached? YES / NO Has Designated Officer been informed? YES/NO

Signed:……………………………………………… Date: …………………………………………………..

**Signature of Informant Date**

**Section B -To be completed by the Designated Officer**

**4. Receipt of Incident Report Form**

Date Incident Report Form received: Additional information/report attached? YES /NO

Previous notification of incident received from on (date)

Acknowledgment sent to person making report on (date)

**5. Details of Designated Officer**

Name: Contact Tel No:

Contact Address:

**6. Determination**

Refer to Statutory Agency? YES - *complete point 8*

NO - *complete point 9*

**7. Determination to Refer:** *Use notes box below or attach narrative report to detail reasons for referral*

*including any contact made to date with Statutory agencies*

Referred to (Name); Statutory Agency:

Contact Address:

Contact Tel No: e mail :

Date referred: CEO& Director F&P advised : YES /NO

**9. Determination NOT to Refer:** *Use notes box below or attach narrative report to detail reasons for* ***not*** *referring the incident including any contact made to date with Statutory agencies*

Determination advised to person making report (date):

**10. NOTES**

Signed - Designated Officer: Date: