Incident Recording Form

Incident Details			
Names and details of the person/s or child(ren)/ young person(s) involved in the incident			
Details of the incident (provide brief description of the incident)			
Is this a Child Safeguarding issue? (tick as appropriate)	Yes	No	unsure
Reason for choosing the above			
Date and time of incident	Date		Time
Location and address of incident if known			
Incident witnessed by details			
If witness present, give details			
Incident reporting ministry			
Incident reported by name and their role			
Action Taken			
Details of initial action taken			
Describe lack of action if concerned			
Other comments			
Details of Escalation of the incident			
Escalated to Professional Standards Division			
Consulted with			
Date and time of contact			
Outcome of consult			

If escalated to Child Protection Agency provide details		
Indicate if no escalation is required and if documentation only is needed		
Name and role of person completing the form		
Contact details	**Mobile number**	**Date and time**
Signature of the person completing the from		
Write Progress notes below	**Include below as a minimum standard:** ✓ **Date and Time of discussion** ✓ **Who is present?** ✓ **Details of Discussion?** ✓ **Follow up action?**	
Progress notes		
Progress notes		
Progress notes		
Progress notes		
Progress notes		
Progress notes		
Final Outcome	**Incident Report Closing Remarks**	

Date:	**Time:**	**Signature:**

Secure filing of completed form is recommended.