**Incident Report Form**

This form is to be completed in instances where the need to raise a safeguarding alert is unnecessary.

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| --- | --- |
| **Client Name:**  |  |
| **Date of Birth:** |  |

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| --- |
| **Client Address:** |
|  |

|  |  |
| --- | --- |
| **Date incident occurred**:  |  |
| **Description of incident / events:** |
|  |
| **Temporary measures to be put in place:** |
|  |

|  |
| --- |
| **Permanent solutions to be put in place:** |
|  |

|  |  |
| --- | --- |
| **Date of Review:** |  |
| **Name of person completing the report:** |  |
| **Name of person notified about the report:** |  |
| **Signed:** |  |
| **Date:** |  |