

## Incident Report Form

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

<b>Client Name:</b>	
<b>Date of Birth:</b>	

<b>Client Address:</b>

<b>Date incident occurred:</b>	
<b>Description of incident / events:</b>	
<b>Temporary measures to be put in place:</b>	

--

<b>Permanent solutions to be put in place:</b>

<b>Date of Review:</b>	
<b>Name of person completing the report:</b>	
<b>Name of person notified about the report:</b>	
<b>Signed:</b>	
<b>Date:</b>	