



DONNINGTON PARTNERSHIP CHARITABLE TRUST

Registered charity number: 1140610

Child & Vulnerable Adult Protection: Incident Report Form

Site/Venue/Location:

Day:

Date:

Time:

INCIDENT DETAILS		
DETAILS OF PERSON REPORTING INCIDENT:		
Name:.....		
Position:.....		
Telephone Number:.....		
Concern about a Child or an Adult? (Delete as appropriate)	Child / Adult	
PERSONAL DETAILS OF CHILD/VULNERABLE ADULT:		
Name:.....		
Address:.....		
.....		
Post Code:.....		
Date of Birth:.....		
Name of School/Day Care Provider etc:.....		
ANY OTHER AGENCIES INVOLVED? e.g. Police (please list)		
REPORTED TO LINE MANAGER / DESIGNATED PERSON? (Delete as appropriate) Yes / No		
Date:..... Time:.....		
COPY OF REPORT FORM SENT TO: (Delete as appropriate)		
C/VA representative	Yes/No	Date sent:
	Yes/No	Date sent:

DETAILS OF INCIDENT:

Notes for completing the incident report form correctly

A You may record your concerns. This could be related to a change in behaviour, attitude or mood over a period of time which is 'out of character' for that person. Physical evidence e.g. unexplained bruising may also be a cause for concern.

B If a person makes a disclosure of abuse to you then you must complete this section as accurately as possible detailing:

When and where the abuse occurred? Who was involved? Are there any obvious physical signs e.g. bruising, cuts, abrasions, burns? How did the person describe what had happened? Who else have they told e.g. parents/carers?