

Ocean Youth Connexions Youth

Child Protection - Incident Record Form

Your Name:
Your Position:
Name of Child:
Child's Address;
Date of Birth of Child:
Name and Address of Parents:
Date, time and place of any incident:
Your Observation:
What did the child say? Please quote and do not ask any leading questions (continue on a separate sheet if necessary):

Action Taken

External Agencies contacted;

Police	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes – Name of Person Contacted:

Telephone Number :

Details of advice given:

Social Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes – Name of Person Contacted:

Telephone Number :

Details of advice given:

NSPCC	Yes		No	
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If yes – Name of Person Contacted:

Telephone Number :

Details of advice given:

Any other comments you wish to make:

Remember to maintain confidentiality on a *need to know basis* – only if it will protect the child. Do not discuss the incident with anyone other than those who need to know.

Name _____

Signature _____

Date _____

NB A copy of the form needs to be sent to the local authority after the telephone report.