



## Appendix 2

### Safeguarding Incident/Concern Form

Where a person is in imminent danger of harm or a criminal act may have been committed, the police must be notified immediately on 999. Otherwise, call 101 to report a crime or any other concerns that do not require an emergency response.

- Please fill in this form with the information available within 24 hours after becoming aware of a safeguarding incident or concern. You do not have to fill in all sections.
- Please ensure you are as accurate and detailed as possible. Use quotes wherever possible, and do not interpret what was said using your own words.
- Record what you said as well as what the child, young person or adult said.
- Include details such as tone of voice, facial expression and body language.
- If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.
- The completed form must be passed on or sent by secure email to the designated safeguarding person, and immediately followed up after sending.

|  |                                 |                                    |                                 |
|--|---------------------------------|------------------------------------|---------------------------------|
| <b>Date on which this form is completed</b>                                  |                                 |                                    |                                 |
| Full name of the person reporting the concern/incident                       |                                 |                                    |                                 |
| Relationship to child, young person, or adult concerned of being at risk     |                                 |                                    |                                 |
| Church details, if known   | <b>Eastern Synod</b>            | <b>Diss United Reformed Church</b> | <b>07A30</b>                    |
| Contact details of church or organisation, if known                          | Mere Street<br>Diss<br>IP22 4AD | <b>01379 650770</b>                | <b>gabriellepagan@gmail.com</b> |
| <b>Full name of child, young person, or adult concerned of being at risk</b> |                                 |                                    |                                 |
| Date of Birth, if known  |                                 |                                    |                                 |
| Contact details, if known  | <b>Address</b>                  | <b>Phone numbers</b>               | <b>Email</b>                    |
|  |                                 |                                    |                                 |

|   |            |  |           |                        |
|---|------------|--|-----------|------------------------|
| Has the individual given consent to report? (or report as appropriate)  | <b>Yes</b> |  | <b>No</b> | Reason for no consent: |
| If under 18, have the parents/carers /guardians of the child been informed?   | <b>Yes</b> |  | <b>No</b> | Reason for no consent: |
| <b>Please give a summary of the safeguarding incident/concern</b>   |            |  |           |                        |
| Date/time of incident   |            |  |           |                        |
| What happened?<br>Please provide detailed information about the circumstances and the person experiencing or being at risk of harm, abuse or neglect (preferably as a timeline) |            |  |           |                        |
| When did it happen?<br>(date, time)   |            |  |           |                        |
| Where did it happen?<br>(specific location)   |            |  |           |                        |
| What action/s were taken, and by whom?  |            |  |           |                        |
| Name of anyone involved and in what way, including witnesses  |            |  |           |                        |
| Other services or agencies involved<br><u>Note:</u> If referred to statutory authorities, or other services, please include name and contact details                            |            |  |           |                        |
| Next steps or recommendations   |            |  |           |                        |

**INTERNAL USE**

Date received

Full name of  
Designated Person

Progress

Conclusion