**Safeguarding Incident Report Form**

**Name of person reporting Incident:**

**Company:**

**Date of Incident:**

**Incident details (please include relevant names, dates, times and where the incident took place):**

**Incident reported to:**

**Details recorded by:**

**Signed……………………………………………….. Date……………………….**

Upon completion please send to the Safeguarding Group via NHQ safeguarding@clcgb.org.uk

**Incident discussed by SG Group on:**

**Those present:**

**Advice given (include all relevant details)**

**Action Taken:**

**Name……………………………….. Position …………………………………….**

**Signed ……………………………………….. Date ………………………………..**