



Incident Report Form

Recorder's Name:

Address:

Post Code:

Telephone No:

Child's Name:

Address:

Post Code:

Telephone No:

Complainant's Name:

Address:

Post Code:

Telephone No:

Details of the allegations: [include: date; time; location; and nature of the incident.]

Additional information: [include: witnesses; corroborative statements; etc.]

Action taken:

Date:

Time:

To whom was the incident referred:

Date:

Time:

Signature of Recorder:

Signature of Complainant: