**ANNEX 3: Safeguarding Incident Report form**

**Form for completion by QCT staff member, volunteer or other representative, Grantee, partner organisation or those in receipt of QCT funds.**

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| If the individual concerned is in immediate danger, or needs urgent medical treatment, call emergency services |

**Section A – To be completed by the individual reporting the concern**

Please remember that all information in this report must be kept confidential and must not be revealed to anyone except the relevant QCT Safeguarding contact. You will be informed of the next actions which need to be taken.

Part 1 – Form completed by

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Date |  |
| Email address |  |
| Contact number |  |

Part 2 – Cause for concern

|  |  |
| --- | --- |
| Does the incident involve a QCT staff member. If so please include their name and role? |  |
| * Does the incident involve a member of staff from a Grantee or partner organisation? If so please include their name, role and organisation. |  |
| * Does the incident involve someone else? If so please include their name, role and organisation or relationship as relevant. |  |
| * Detail below an account of your concern **and how it came to your attention including date, time and place of any incident(s) and anyone else who was present.** * **REMEMBER: It is never an individual’s responsibility to resolve a case. No leading question should be asked, and all reports should be factual and objective.** * DO NOT speak to or alert the alleged perpetrator to the fact of the report and/or concern, and if put under any pressure or difficulty, speak to the QCT Safeguarding Lead immediately. | |
|  | |

Part 3 – Details of victim/survivor/complainant of a safeguarding incident

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Gender |  |
| Date and time of incident occurring. |  |
| Observations of child, young person or vulnerable adult’s words, emotional state, any physical evidence, other relevant information. |  |
| Grantee or partner organisation running the activity at which the safeguarding incident occurred. |  |
| Were other people involved or aware? |  |
| Have parents or carers of other agencies/organisations been contacted/informed? |  |
| Is the victim/ survivor/ complainant willing for it to be reported to their parent/ guardian/ carer and/or local authorities?  Did the individual concerned express any further views? |  |
| Is there anything that upon receiving or observing the disclosure or allegation you have said or done already? |  |

I understand that in making this report QCT may have to inform authorities, in a confidential manner and only if necessary for the safety of the child, young person, vulnerable adult, the staff member, the partner, or to meet obligations to donors or under national law.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B – To be completed by the Safeguarding Lead or Safeguarding Officer**

Part 1 – Action Log

|  |  |  |  |
| --- | --- | --- | --- |
| Detail here all actions taken (add lines as needed) | | | |
| Action | Person responsible | Timeframe | Status update (including information and date) |
| 1. |  |  |  |
| 2. |  |  |  |

Part 2 – External Agencies contacted

|  |
| --- |
| Police (Yes/No)  Name and contact number  Details of any advice received |
| Social Services (Yes/No)  Name and contact number  Details of any advice received |
| Local Authority (Yes/No)  Name and contact number  Details of any advice received |
| Parent/ Guardian/ Carer contacted?  (only if appropriate) |
| Other organisations contacted (add as needed)  Name and contact number  Details of any advice received |
|  |

Part 3 - Outcome

|  |
| --- |
| Was the incident reported to the Charity Commission or any other statutory body?  (Include details, adding lines as needed) |
|  |

|  |
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| What are the material lessons learnt? |
|  |