**Safeguarding Incident Report Form**

This form will be used by members of staff, volunteers and implementation partners to record disclosures or suspicions of abuse. The completed form should be sent to the Safeguarding Officer (Welfare Secretary) – Telephone: +2348034728139; Email: sogonlagos2016@yahoo.com

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| **Your name:** | **Your position:** |
| **Place of work:** | **Contact phone number:** |
| **Details of vulnerable person:** |
| **Name:** |
| **Address:** |
| **Phone number:**  |
| **Date of birth:** |
| **Other relevant details about the vulnerable person:**E.g. family circumstances, physical and mental health, any communication difficulties |
| **Parent/guardian/carer details**: |
| **Details of the allegations/suspicions** |
| Are you recording:* Disclosure made to you by the person involved?
* Disclosure or suspicions from a third party?
* Your suspicions or concerns?
 |
| **Date and time of disclosure:** |
| **Date and time of incident:** |
| **Details of the allegations/suspicions. State exactly what you were told/observed and what was said. Use the person’s own words as much as possible.** |
| **Action taken so far** |
| **Signed:**  | **Date:** |