



ESSKIA Incident Report Form

This incident report form should be completed when you have reason to believe there are Safeguarding concerns.

Before completing this form, have you?

- Reassured the young person?
- Been completely honest and not made promises you can't keep?
- Explained you may have to tell other people in order to stop what is happening?
- Avoided closed questions and asked as few questions as possible?
- Encouraged the child to use their own words?

Remember the less questions that need to be asked the better.

Maintain Confidentiality

Do not discuss with anyone other than those who need to know

Details of Child			
Name of Child:		Age / DOB:	
Parent / Guardians Name:		Parent/Guardian Phone Number:	
Parent/Guardians address:			
Your details if not Parent/Guardian			
Name:		Position in school / ESSKIA:	
Phone Number:		Mobile:	
Address:			
Details of person involved in the possible offence:			
Name:		Position in school/parent/guardian/ESSKIA:	
Phone Number (if possible):			
Address (if possible):			
Any other information:			



Details of the incident (as much information as possible)			
Date of incident:		Time of incident:	
Location of incident:			
Details of incident:			
Any further details, including signs of abuse			

Have you spoken to the child?	
If yes, exactly what was said:	
Have you spoken to the parent/guardian?	YES or NO
If yes, what was said:	
Have you spoken to the Statuary Authorities?	
If yes, who? (Please specify, Police, Social Care, Other)	
Name of person reported to:	
Position of person reported to:	
Details of any actions taken:	



Witness details (use separate sheet if required)	
Name:	
Phone number:	
Address:	
Witness comments:	

Details of any further actions taken:	
Signature:	
Date:	