

ESSKIA Incident Report:

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/D.O.B	
Parent/Guardians name		Parent/Guardians Phone Number	
Parent/ Guardians Address			

Your details if not the Parent or Guardian			
Name		Position in School/ Esskia	
Telephone		Mobile:	
Address			

Details of person involved in the possible offence:			
Name		Position in School/ Parent /Guardian/Esskia	
Telephone if pos:		Mobile if pos:	
Address if pos			
Any other information:			

Details of incident (As much information as possible)			
Date of incident		Time of incident	
Location of incident			
Details of incident			
Any further details including signs of physical abuse			

Have you spoken to the child?	Yes	No
If yes exactly what was said.		
Have you spoken to the parent/guardian?	YES	NO
If yes what was said?		

Have you spoken to Statuary Authorities?		Yes	No
If yes who?	Please Specify (Police, Social Care, Other)		
Name of person reported to			
Position of person reported to		Contact details of person reported to	
Details of any actions taken:			

Witness details (Use separate sheet if required).			
Name		Position, (Teacher, Parent, Guardian, ESKIA other)	
Telephone:		Mobile:	
Address			
Witness comments:			

Details of any further action taken.			
Signature		Date/Time	

