Serious Incident Report Form

Organisation Name: _____

Date of Report: _____

Your Name: _____

Role/Position: _____

Telephone number:_____

Address: _____

_____

Purpose:

This form should be completed whenever a serious incident occurs within the charity or during a charity-related activity or event.

Serious incidents include:

- Fraud, theft, or significant financial loss
- Safeguarding concerns involving a child or vulnerable adult
- Serious injury or harm to staff, volunteers, or participants
- Major health and safety incidents
- Data breaches or confidentiality issues
- Any event that causes or risks significant harm to the charity's reputation, operations, or Beneficiaries

All serious incidents must be logged, reported to management or trustees, and reviewed to ensure appropriate action and prevention measures are taken.

1. Incident Details

Date and Time of Incident: _____

Location of Incident: _____

Event/Project (if applicable): _____

Type of Incident (tick all that apply):

☐ Safeguarding (child or vulnerable adult)

☐ Health and Safety / Injury

☐ Fraud / Theft / Financial Loss

☐ Data Breach / Confidentiality Issue

☐ Reputational Harm

☐ Allegation / Complaint

☐ Other (please specify): _____

Description of Incident: (Provide a clear, factual summary of what happened. Include who was involved, what occurred, and any immediate actions taken.)

_____

_____

_____

_____

_____

2. People Involved

Name and Role (e.g. staff, volunteer, participant):_____

Contact details: _____

Injured/affected? If so, detail how:_____

_____

Safeguarding concern? Please explain: _____

_____

_____

_____

3. **Immediate Actions Taken:**

(First aid, emergency services called, safeguarding lead informed, event paused, etc.)

_____

_____

4. **Follow-Up Actions / Next Steps:**

(What has been done since the incident? Who has been informed? What steps will be taken to prevent recurrence?) _____

_____

_____

5. **Notifications:**

(Person / Body Informed): _____

Person Informed: _____

Date: _____

6. **Summary and Recommendations:**

(What lessons can be learned? Any policy, training, or environmental changes required?)

_____

_____

_____

7. **Sign-Off**

Incident Report Completed by:_____

Signature: _____

Date: _____

Reviewed by (Manager/Trustee): _____

Signature: _____

Date: _____