

THE BLOSSOM DEVELOPMENT TRUST



Helping children and young people
with special and additional needs on the journey towards independence,
self-worth and a fulfilling, happy life.

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

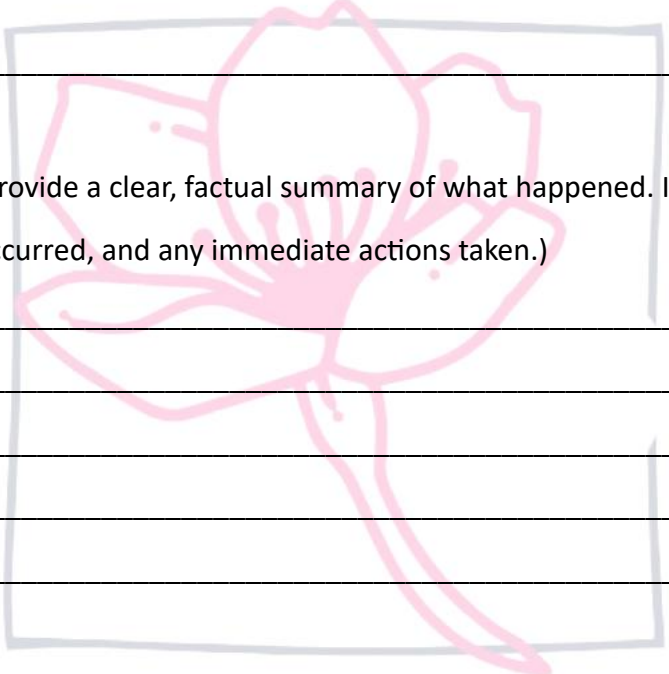
☐ Data Breach / Confidentiality Issue

☐ 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:

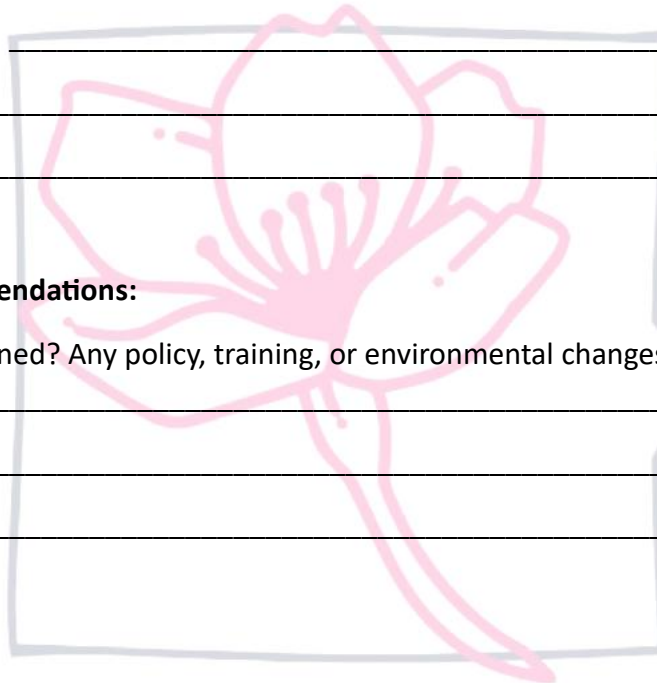
(What has been done since the incident? Who has been informed? What steps will be taken to prevent recurrence?)

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: