



Safeguarding Incident Report Form

Date incident reported:

Person recording the incident:

Your Details:

Name of person reporting the incident:
Job Title:
Knowledge and relationship to child/adult:
Contact Address:
Telephone number:
Email:

Child/Adult at Risk Details:

Full name of child/adult:
Date of Birth if known:
Contact Address:
Telephone number:
Details of disability if applicable:

Incident Details:

Date and time of incident:
Location of incident:
Nature of the incident (Where applicable, in the child/adult's own words):

Relationship to child/adult:
Occupation:
Contact Address:
Telephone number:
Details of disability if applicable:

Has the information been shared with other parties? Remember, your responsibility is to pass on any concerns to DNA's Designated Safeguarding Lead only, unless there is an immediate risk, in which case call 999 (please tick)

Yes ☐

No ☐

If yes, who have you shared information with? Please provide contact details as appropriate.

I acknowledge that the details included here are accurate, and will remain strictly confidential between myself and the correct reporting channels:

Signed:

Name:

Your contact details:

Date:

Please submit this form immediately to safeguarding@dancenetworkassociation.org.uk where it will be actioned by our Designated Safeguarding Lead.
