Safeguarding Incident Form (please return completed form to centre.director@uniaccesscentre.com)

Field	Details/Notes			
Date of Incident				
Time of Incident				
Location				
Name of Reporter				
Contact Information				
Name of Child				
Date of Birth/Age				
Description of Incident				
Observed Injuries/Indicators				
Witnesses (Names & Contacts)				
Immediate Action Taken				
Signature of Reporter				
Date of Report				
Designated Safeguarding Lead Actions/Notes				
Signature of DSL				
Date				