Brain Health Breakthrough CIC Safeguarding Incident Form

Your Details	

Name of person reporting	
Position	
Date/Time	

Details of person you are concerned about	

Name of Vulnerable adult/child	
Date of birth or age if known	
Gender	
Address if known	
Disability	
Contact phone	

Details of parent carer you are concerned about

Name (if known)	
address	
Telephone	

Other information if available

GP Doctor if known	
Nursery/school college	

Why are you concerned?

Date and time of incident	
Location of incident	
Key concerns please give only known facts	

Have parents /carers guardians been contacted?	
Are there any other agency partners involved?	

To be competed by Designated Safeguarding Lead

Name	
Role	
Any further information	
Action taken	