

## 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?			
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	