# Form for reporting an incident/disclosure/allegation/concern

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| **About this form and the person completing it** | | | |
| Your name | Your phone number | Your mobile number | Your e-mail address |
| Group/ministry area | | | Date completed |
| **About the person or people we are concerned about or involved in the incident**  **(If an allegation, the details of the person making the allegation** | | | |
| Their name(s) | Their Address | Their Date of birth | Is it an Incident/disclosure/concern? |
| *Please insert more lines as required* |  |  |  |
| If an allegation, details of the person accused | | | |
| *Please provide as much information as possible or necessary to identify them* | | | |
| **Details of the incident/disclosure/concern** | | | |
| *What happened/was said/have you noticed etc?* | | | |
| **Context of the incident/disclosure/concern** | | | |
| *Where/when/who else was present etc*. | | | |
| Date of incident/disclosure | | Time of incident/disclosure | |
| Immediate action taken to ensure safety | | | |
| Other action taken or advice sought | | | |
| Signature | | | |