# 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 |