

**DGYO Child and Vulnerable Adult Protection
Incident Report Form**

Your name:	Your position:
Your address:	Your phone number/s:
Child's or vulnerable adult's name: Child's or vulnerable adult's address:	
Date of birth:	
Parents/carers names and address:	
Date and time of any incident:	
Your observations:	
Exactly what the child said and what you said:	
Action taken so far:	
Alleged / suspected abuser(s): Name: Address:	

External agencies contacted (date & time)	
Police yes/no	If yes - which: Name and contact number: Details of advice received:
Social services yes/ no	If yes - which: Name and contact number: Details of advice received:
Local authority yes/no	If yes - which: Name and contact number: Details of advice received:
Other (e.g. NSPCC)	Which: Name and contact number: Details of advice received:

Signature:	Print name:
Date:	

NB This form should be received by the Child Protection Officer who will forward it to Social Services within 24 hrs.