

Incident and Disclosure Report Form**YOUR DETAILS**

The person who is recording the incident

Your name	
Your position (if applicable)	
BCSS event	
Date	
Your signature	

SECOND PERSONS DETAILS

The person who has been affected by/involved in the safeguarding incident

Name	
Age and gender	
Address/postcode Telephone number	
Parent/carer/witness name	
Parent/carer/witness address if different	
Relationship to the person involved in the incident	

Details of the incident/ disclosure

Name of person disclosing information or witnessing incident.	
Time of incident (approx.)	
Date of incident	
Name (if known) of person about whom the allegation is being made (or a description if no name available)	
Details of the incident/ allegation/ disclosure.	

Action taken	
Details of actions taken so far e.g reported to the event organisers, family/carer, police etc.	
Details of actions you intend to take	
Name and contacts of any witnesses	
Details of whom this information has been passed to	
Name	
Organisation	
Date and time that the information has been passed on	
Any agreed further action	
Please send a copy of this form to the BOT Safeguarding lead.	

