

Safeguarding: Incident Report Form

Details of person making this report (if not confidential)

Name _____

Phone _____

Email _____

Details of Incident

Date of Incident _____ Time of Incident: _____

Place of Incident _____

If you did not see the incident, when were you first told about it?

Date _____ Time _____

Name of alleged victim / survivor (if not confidential) _____

Name of alleged perpetrator (if not confidential) _____

Has an internal investigation been initiated? Yes No Date _____

Have immediate safety needs of the alleged victim / survivor been met? Yes No

Provide details of meeting the health, safety, and protection needs of the victim / survivor

Name those involved in the Incident (if not confidential)

Provide details of what happened in the Incident

Name the person(s) in authority in Mary MacKillop Today who was/were informed first.
