**Safeguarding Confidential; incident report**

Please use this form to record any safeguarding incidents or concerns that are raised. The record is confidential and should be passed to the District Safeguarding officer for safe storage. The record should be completed as soon as possible following an incident.

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| --- | --- |
| **Plymouth and Exeter Methodist district**  | Chrissie Slaneysafeguarding@pemd.org.ukDistrict Office, The Mint Methodist, fore street,Exeter,EX4 3AT work mobile number 07794133797 [www.pemd.org.uk](http://www.pemd.org.uk/) **Please note working day and hours. Tuesday, Wednesday and Thursday 8:30am to 4:30pm** |
| **Record completed by (include name, address & phone):** |  |
| **Name and contact details of the person raising a concern/reporting an incident:** |  |
| **Date of incident:** |  |
| **Date the incident or report was raised:** |  |
| **Police Incident or Crime Number (if applicable)** |  |
| **Date of the first entry in this record:** |  |
| **Name Person of concern** **DOB****Contact details****Address**  | Please include as much detail as possible. |
| **Names of the key people:****Please include statutory involvement eg Police Lado MASH** |  |
| **Nature of concern: (The allegation / behaviour / risk that is causing concern):**  **(Names of principal parties are essential. If you have not done so make a factual written record of your observations and any conversations - sign and date it)** | Please provide a brief Summary |
| **Privacy notice given to referrer/complainant?** | Yes/no  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who has information been shared with** | **Legal basis for sharing the information**  | **Date shared** | **Name of person sharing** |
| District Chair |  |  |  |
| Superintendent |  |  |  |
| Minister |  |  |  |
| Chair DSG |  |  |  |
| Supervisor |  |  |  |
| Statutory agency |  |  |  |
| DSO |  |  |  |

Please record further details on “Incident narrative” sheets. Progress should be reviewed regularly and a record kept here:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Status** | **Reviewed by**  | **Risk Factor**  |
|  | Live / Being monitored / Closed |  |  |
|  | Live / Being monitored / Closed |  |  |
|  | Live / Being monitored / Closed |  |  |
|  | Live / Being monitored / Closed |  |  |
|  | Live / Being monitored / Closed |  |  |

# Narrative

Please use this sheet to record details of the incident/concern. Include details of

|  |  |
| --- | --- |
| * **Who** was involved
 | * **Where** it happened
 |
| * **What** happened
 | * **When** it happened (dates and times),
 |
| * **How** it happened
 | * **Why** it happened
 |

Record details of any **referrals** made; if no referral was made **explain why**

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| Date  | Report and continue case notes |
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