

Incident Record Form

Your name:	.....
Your position:	..... Contact No.

Young Person's name:	.....
Young Person's address:	.....

Parent's/carer's name and address:	.....

Young Person's Date of Birth:	.....

Date and time of any incident:	.....

Your observations:	.....

Exactly what the young person said and what you said: (Remember, do not lead the young person – record actual details. Continue on separate sheet if necessary)	.....

Action taken so far:	.....

CWO/RWO/Lead CPO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name and contact number	-----			
Details of advice received	-----			

External agencies contacted (Date and Time)

Children's Services	Date	Time	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	--- / --- / ---	-----				
If yes – which:	-----					
Name and contact number	-----					
Details of advice received	-----					

Police	Date	Time	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	--- / --- / ---	-----				
If yes – which:	-----					
Name and contact number	-----					
Details of advice received	-----					

Any other comments / observations

Signature -----

Print name -----

Date -----

NB Within 24 hours, send this form to your Lead Officer for Child Protection, England Netball, 9 Paynes Park, Hitchin, Herts SG5 1EH

Remember to maintain confidentiality on a need to know basis –share information only if this will protect the child/adult. Do not discuss this incident with anyone other than those who need to know.