



Safeguarding Incident Report Form

INCIDENT RECORD FORM: SAFEGUARDING	
Record completed by:	
Position:	Date:
Person at risk's name:	
Person at risk's contact details if known:	
Person at risk's date of birth:	

Date and time of any incident:	Date:	Time:
Your observations: Detail <u>exactly</u> what the person at risk said and what you said: (Remember do not lead the person at risk – record actual details. Continue a separate sheet if necessary)		
Safeguarding Lead informed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your name:		
Your contact number:		

Pass this form to our Safeguarding Lead, Chiara de Biase, Director of Support & Influencing via chiara.debiase@prostatecanceruk.org