

Incident Report Form



Name of individual making the report:	
Role of individual making the report:	
Name of the person reporting the incident:	
Date report opened:	
Date of incident:	
Time of incident:	
Place of incident:	
Description of incident:	
How staff received the incident information:	
Condition of the individual after incident:	
How staff handled the incident:	

To be completed by Designated Safeguarding Lead

Name of DSL reviewing report:	
Date and time of consultation with DSL:	
Does this need referring to Adult Safeguarding? Y/N If Y, explain reasons and complete Adult Safeguarding Report Form. If N, explain reasons.	
Next steps:	
Log of ongoing activities:	
Date report closed:	