

Incident/Disclosure Form - CONFIDENTIAL

YOUR DETAILS

Your name:	
Your role:	

CHILD'S DETAILS

Child/young person's name:	
Child/young person's address:	
Child/young person's date of birth:	

INCIDENT/DISCLOSURE DETAILS

Date/time of incident or disclosure:	
Your observations:	

What did the child/young person say and what did you say.
Please ensure that you record the exact wording:

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Action taken:

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EXTERNAL AGENCIES CONTACTED

Police – Details of name of contact and advice received:

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Social Services – Details of name of contact and advice received:

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Other - Details of name of contact and advice received:

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Date/time report completed:

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Please ensure that the report is emailed to TYCP's Designated Safety Officer