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Safeguarding Incident Report Form (For adults)

This form will be used by members of staff or volunteers to record disclosures or suspicions of abuse. The completed form should be sent to

Your name	Your position
Group Name	Contact phone number
The person's details	
Name	
Address/phone number	
Date of birth	
Other relevant details about the individual: <i>Eg family circumstances, physical and mental health, any communication difficulties.</i>	
Does the individual have mental capacity? If so what are the individuals wishes regarding what action is to be taken?	
Details of the allegations/suspicions	
Are you recording: <ul style="list-style-type: none">• Disclosure made directly to you by the adult?• Disclosure or suspicions from a third party?• Your suspicions or concerns?	

Date and time of disclosure

Date and time of incident

Details of the allegation/suspicious. *State exactly what you were told/observed and what was said. Use the persons own words as much as possible*

Action taken so far:

Signed

Date