



Appendix 7

INCIDENT / ACCIDENT / INJURY REPORT

Private & confidential when complete

Please complete all sections of this form as full as you can and communicate within 24hours to a member of the Safeguarding Team:

Head of Safeguarding
Safeguarding Senior Manager
Safeguarding Officer

Personal Details	
Surname	
Forename(s)	
Date of birth	
Gender M/F	
Address	
Date and time of incident	Date: _____ Time: _____
Place of occurrence	
Type of incident (tick)	
Incident (No injury)	Accident (Injury)
Damage to Property	Illness
If the person is a child or young person (under 18) has the parent/carer been notified	Y/N
Name and contact details of person contacted and any discussion notes	
Describe any injuries or damage sustained	



How did the incident occur?	
What caused the incident?	
What treatment was given?	
What first aid supplies were used?	
Witness 1 Full Name:	Witness 2 Full Name:
Address:	Address:
Phone Number:	Phone Number:
What (if any) actions were taken to prevent reoccurrence?	
Name of Person filing in form (Print)	
Signature	

Safeguarding Adults at Risk
Policy & Procedures

