intervention, witness statement, fact-finding)				
Name of setting:				
Child's name:	Name of person reporting:	Name of designated lead:		
Date of birth:	Job title:	Job title:		
Date of concern – when observation, event, disclosure was made				
Nature of Concern. In the space below describe what was observed, using a body diagram, if necessary.				
Impact : what are your main concerns about how this might impact on the child physically or emotionally, please include the child's voice (as appropriate)?				
please include the child's voice (as	арргорпасе):			
Response to allegation/complaint: Please advise in your words, what happened, when and where, what did				
you see or hear and where you wer	e in relation to the alleged incident.			
Signature of person completing the	form			
Print Name				
Hand this form to your setting's des	signated lead; discuss your concerns a	and agree what action is to be		

06.1b Safeguarding incident reporting form (for concerns, child welfare, physical

Outcome decisions/actions to be taken (Tick all that apply)				
No further action				
Offer support (provide details)				
Continue to monitor (detail what, who by and until when)				
Referral/signposting/advice/guidance to be offered by setting (provide details)				
Refer to social care for child protection.				
Liaise with social care to refer to CAF (Common Assessment Frame Assessment	work)/EHA (Early Help			
Signature of designated safeguarding lead:	Date completed:			
Physical intervention				
If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent to sign here to confirm that they have been informed of the circumstances of the event as recorded here.				
Signature of parent:	Date:			
Print name				
-	-			