

# Incident Report Form

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**Booth's Education Services & Tutoring, Ltd.**

**Incident / Near Miss / Safeguarding Concern /  
Complaint Form**

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## 1. Report Type

Please tick all that apply: Safeguarding Concern/ Child Protection Disclosure/  
Incident/ Near-miss/ Complaint/ Allegation/ Health and Safety issue

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## 2. Details of Person Involved

- Full Name: \_\_\_\_\_
  - Role / Status: (e.g., Student, Parent/Carer, Tutor, Visitor) \_\_\_\_\_
  - DOB (if child/young person): \_\_\_\_\_
  - Contact Details: \_\_\_\_\_
  - Location of Incident / Concern: \_\_\_\_\_
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## 3. Date & Time

- Date of Incident/Concern: \_\_\_\_\_
  - Time of Incident/Concern: \_\_\_\_\_
  - Date Form Completed: \_\_\_\_\_
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#### 4. Description of Incident / Concern / Complaint

Provide a factual, objective account. Do not include assumptions or personal opinions.

##### What happened?

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##### Who was involved? (Include witnesses)

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##### Immediate impact / harm (if any):

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#### 5. Safeguarding-Specific (Only complete if relevant)

If this is a safeguarding concern or disclosure, complete this section according to SCC/AP and ECC reporting expectations.

- **Nature of concern:** \_\_\_\_\_
- **Exact words spoken by the child/young person (verbatim):**

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- **Non-verbal signs / injuries noted:**

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## 6. Action Taken

*(Follow Suffolk SET Procedures, Working Together 2023, KCSiE 2024, SCC & ECC AP safeguarding routes)*

- **Immediate action taken:**

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- **Who was informed?** Tick all that apply:

- DSL (Charlotte Booth)
- Parent/Carer \_\_\_\_\_
- Social Care / MASH \_\_\_\_\_
- Police \_\_\_\_\_
- AP Commissioner / SCC / ECC officer \_\_\_\_\_
- School / Educational Setting \_\_\_\_\_

- **Time and date they were informed:**

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## 7. Risk Assessment / Follow-Up Required

- **Is further action required?**

- Yes
- No

If yes, outline:

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- Any adjustments needed to lone working, travel, or teaching environment:

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### 8. Signature & Review

- Completed by (Name): \_\_\_\_\_
- Role: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

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### 9. DSL Review

(To be completed by DSL only.)

- DSL Name: \_\_\_\_\_
- DSL Comments / Review Summary:

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- Actions agreed:

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- Referral made?

- Yes (attach record)
- No

- DSL Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

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## 10. Storage & Record Keeping

This form must be stored securely in line with:

- Suffolk County Council AP Expectations
- Essex County Council Safeguarding Processes
- SET Procedures
- Data Protection Act 2018 & UK GDPR

**Storage location:** \_\_\_\_\_

**Chronology updated:**

- Yes
  - N/A
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*End of form*

Designated Safeguarding Lead:

Charlotte Booth

07863344999

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