

Incident Report Form

For reporting incidents such as breaches to the Safeguarding Risk Management Strategy, policies, procedures, or disputes, threats or accidents during activities involving children and vulnerable people. **For Mandatory Reporting, please use Complaint Form**

GENERAL INFORMATION

Name of Ministry

Safeguarding Representative (if appointed)

Nature of incident

Date of incident _____

Time of Incident _____

Name(s) of persons involved in incident

Details of person/s involved i.e. lay worker, paid staff, volunteer etc.

Age(s) of persons involved in incident (if known)

Address(es) of persons involved (if known)

Phone No(s) _____

Name(s) of parents/guardians (if applicable)

Phone No(s) _____

Please attach any additional information and forward this form to our Safeguarding Contact Person (SCP) as soon as possible.

Kathy Haseler (SCP)

E. mgl safeguarding@tutanota.com

MGL CENTRAL OFFICE
6 BOAKE PLACE GARRAN ACT

DESCRIPTION OF INCIDENT

1. Describe the incident
(Add other documents/information as required)

2. Name(s) of leaders supervising at the time of the incident

3. Name(s) of any witnesses to the incident

4. What action was taken by the leaders supervising?

5. Follow up actions

This form has been completed by

(Name) _____

on (date) _____ and has been

forwarded to the MGL Safeguarding Coordinator

on (date) _____

Signature: _____