

STA Safeguarding & Protecting Children Incident Report Form

Thank you for identifying that you have concerns about a child or children in your care. It is not always easy to report an incident, and we would like you to know that this form will be treated in **STRICTEST CONFIDENCE**. Please complete this form with as much detail as possible, using additional sheets of paper if necessary to complete your report.

Name & Contact Details of Person(s) Completing this Report		Date of Incident	Date of Report
Please answer the questions below giving as much detail as possible	Y/N		
Are you or anyone involved an STA Member?		If Y, please give the member's name	
As the person making the report, did you witness the incident directly?		If Y, please give details of time & date of incident	
Were there any witnesses to the incident?		If Y, please give their name & contact details	
Do you know the person(s) about whom the allegation is being made?		If Y, please state relationship (e.g colleague, partner etc..)	
As the person making the report, did someone else make an allegation?		If Y, please give the name & address of the person making the allegation	
As the person making the report, has a child made a disclosure to you?		If Y, please give details of the time & date of the disclosure	
Have you discussed this incident with anyone else?		If Y, please give the name & address of all who have been informed	
Have you contacted the child's parents / legal guardian?		If Y, please give the parents name & address	
Has the child been offered / received medical care?		If Y, please give details	
Have social services, the police or the NSPCC been contacted by you or anyone else?		If Y, please give name & contact details	

In the space provided below, please give as much detail about the incident, disclosure or allegation as you can.

Name of Person(s) about whom this report is being made

Address of Person(s) about whom this report is being made

Date of Birth (if known) of person(s) about whom this report is being made

Name & Address of Alleged Victim

Date of Birth of Alleged Victim

I understand the information given above is correct to the best of my knowledge, and that any information disclosed in good faith will be treated in the strictest confidence. I also acknowledge that malicious allegations may result in prosecution.

Signed: _____

Date: _____

Please send this form to: STA Child Protection Officer, STA, Anchor House, Birch Street, Walsall, West Midlands, WS2 8HZ. This form can also be scanned and sent to childprotection@sta.co.uk.