UNKNOWN MACC CIC

Safeguarding Incident / Concern Form

Confidential - store securely

If anyone is in immediate danger, take action to keep them safe and contact emergency services or the appropriate authority where necessary. Do not investigate the matter yourself.

1. Basic details

Date of incident / concern: _____

Time: _____

Date this form completed: _____

Name of person completing this form: _____

Role: _____

Contact details: _____

2. Person the concern relates to

Name: _____

Age / date of birth if known: _____

Parent / carer details if relevant: _____

Any immediate communication, accessibility or support needs:

_____

_____

3. Person raising the concern

Name: _____

Relationship to the person affected: _____

Contact details: _____

How was the concern raised? □ In person □ Phone □ Message/email □ Observed directly □ Other: _____

4. What happened / what was disclosed

Record facts only. Include what you saw or heard and, where important, the person's own words. Do not add assumptions or conduct your own investigation.

_____

_____

_____

_____

_____

_____

_____

5. Immediate action taken

_____

_____

_____

_____

Was anyone in immediate danger? □ Yes □ No

Were emergency services / another authority contacted? □ Yes □ No

If yes, who was contacted and when:

_____

_____

6. Safeguarding Lead review

Reported to: □ Lucie Wright (Designated Safeguarding Lead) □ Carrie Murphy (Deputy / Alternative Lead)

Date and time reported: _____

Initial assessment / decision:

_____

_____

_____

_____

Further referral required? □ Yes □ No □ Advice being sought

If yes, agency / authority referred to: _____

Date / time of referral: _____

Reference number / contact if applicable: _____

7. National Lottery Community Fund serious incident check

Consider whether this must be reported to The National Lottery Community Fund within 10 working days.

□ The incident is not routine for the organisation
□ It may be reported to an authority such as the police
□ It may lead to media coverage
□ Someone has been significantly harmed
□ There is a serious safeguarding allegation within the organisation
□ A staff member / tutor / volunteer has been suspended because of a serious safeguarding allegation
□ A beneficiary has died or been seriously harmed

Lottery notification required? □ Yes □ No □ Unsure / advice sought

Reason for decision:

_____

_____

_____

If reportable, date Fund notified: _____

Normal Fund contact notified: _____

Evidence of notification saved at: _____

8. Follow-up and learning

Further actions required:

_____

_____

_____

_____

Any changes needed to risk assessments / procedures / training:

_____

_____

_____

Person responsible for actions: _____

Review / completion date: _____

9. Sign-off

DSL / Deputy name: _____

Signature / approval: _____

Date: _____

Keep this form confidential and separate from ordinary attendance or project records. Share information only with people who need it to keep someone safe.