

Safeguarding Incident Reporting Form.

In support of **Lost Chord UK's Safeguarding Policy**. Please use this form to report a safeguarding incident.

Confidential Document – This form must be completed as soon as possible after a safeguarding concern has been identified.

Date of Report: Time of Report:

Location of Incident: Reported By (Name & Role): Contact Details:

1. Details of the Individual at Risk

Name of Individual (if known): Age/Date of Birth (if known): Address (if known): Is the individual a: Child (Under 18) Vulnerable Adult

2. Nature of Concern (Tick all that apply)

- □ Physical Abuse (e.g., hitting, restraint)
- Emotional Abuse (e.g., bullying, humiliation)

Sexual Abuse (e.g., inappropriate contact, exploitation)

- □ **Neglect** (e.g., lack of care, malnutrition)
- □ Financial Abuse (e.g., fraud, coercion)
- □ **Other** (please specify): _____

Briefly Describe the Concern (What happened? What was observed?):

3. Details of Any Witnesses

Name(s) of Witness(es): Contact Details: Role/Relationship to the Individual:

4. Actions Taken

Immediate Action Taken (if any):

- □ Ensured the individual was safe
- $\hfill\square$ Spoke to the individual for reassurance
- □ Contacted emergency services (999)
- □ Reported to Lost Chord UK Safeguarding Lead
- □ Other (please specify): _____

📞 Who else has been informed? (Tick all that apply)

- □ Lost Chord UK Safeguarding Lead (Name: Date:
- □ Social Services (Date & Contact Name:
- Police (999) (Incident Number:
- □ Other (please specify):

5. Additional Information

Does the individual require any additional support?

□ Yes (Please specify: _____

 \Box No

□ Not sure

Are there any immediate risks to others?

□ Yes (Please specify: _____

- 🗆 No
- \Box Not sure

Any further comments or relevant details?

6. Declaration

I confirm that the above information is accurate to the best of my knowledge.

Signature:	
Date:	
Print Name: _	

Submit this form to: Lost Chord UK Safeguarding Lead – jean@lost-chord.org.uk Safeguarding Emergency Contact: 07936 877250/ 0300 131 7889

Important: If this is an emergency or someone is at immediate risk, call **999** immediately.

For Office Use Only (Safeguarding Lead to Complete)

Received By (Name & Role): _____ Date & Time Received: _____ Actions Taken & Follow-Up Plan:

Date of Safeguarding Committee Review (if required): _____

Final Decision/Outcome: _____

Signature of Safeguarding Lead:	
Date:	

This **Safeguarding Incident Reporting Form** ensures that Lost Chord UK handles all safeguarding concerns with **clarity, efficiency, and confidentiality**. @2025 reviewed annually.