

Safeguarding Incident Report Form



You do not need to fully complete this form for Bloomberg Square Mile Relay to open an investigation. However, the more information you provide, the easier it is for the organisation to pursue the incident.

You should return the Incident Report Form to: safeguarding@squaremilerelay.com

Contact Details of person completing the form	
Your name	
Your email address	
Your phone number	
Your relationship to person(s) involved in the incident (if you are not personally involved)	
Name/contact details of the victim(s) if known (if you are not person reporting) e.g., phone, email	
Age of the victim	
Name/title/organisation and contact details of the person(s) accused of the wrongful behaviour (if available)	

Description of the Incident
<p>Please give as many details as possible about what happened / your concerns, such as:</p> <ul style="list-style-type: none">• Event name:• Date/time:• Place:• Nature of concern (e.g. physical, sexual, psychological, bullying, neglect, other):• Reason for concern (e.g. any visible injuries):• Further description of what has happened:

Additional material / Evidence: If available, please add any document, picture or video which may support your report.

Action Taken

If this report is about a child, has it been discussed with the child and parents? If yes, what are their views? If not, why not?

Do you know if anything has already been done about the incident? (e.g. spoken to your line manager, or any others)

If applicable, do you know who has already been contacted about the incident? (*police; medical help; other local authorities; people close to the victim, etc.*)

Public agencies contacted:

- **Police - yes/no**
 - Name and contact number:
 - Details of advice received:

- **Child Protection service - yes/ no**
 - Name of CSP organization?
 - Name and contact number:
 - Details of advice received:

- **Local Authority - yes/no**
 - Which Local Authority?
 - Provide Name and contact number:
 - Details of advice received:

- **Other - yes/no**
 - Name of other organization:
 - Name and contact number:
 - Details of advice received:

If applicable, please include contact details of parties who have been contacted:

Other Relevant Comments

Date _____

Name (print) _____

Signature _____