

## Significant Incident Form – Part B

### PART B Where there are concerns about possible child abuse

#### 6. Details of person about whom there is a concern

<b>Name:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Postcode:</b>	

#### 7. Details of concerns

(including date, time, location, nature of concern, who, what, where, when, why. Continue a separate sheet if necessary)

#### 8. Details of any action taken

#### 9. Details of agencies contacted

(including date, time, name of person contacted, and advice received)

#### 10. Have the child's parents/carers been informed? YES/NO (delete as appropriate) If yes, record details / If no please state why not:

**11. Child's views on situation (if expressed). Where possible, please use the child's own words.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

September 2020

