

Biddulph Youth and Community Zone (BYCZ) Ltd

Child Protection Incident Record Form

Your Name:
Your Position:
Child's Name:
Child's Address:
Child's Telephone Number:
Parents/carer names and address (if different from above):
Child's date of birth:
Date and time of any incident or action prompting concerns:
Your observations:
What the child said and what you said: <i>(Remember do not lead the child – record actual details. Continue on separate sheet/s if necessary.)</i>

Do you have any concerns that the child is at risk of significant harm?

Who have you reported the incident to? (Worker in Charge/Designated Person/Social Services/Police)
(Remember to include their name and contact details)

What action is the person(s)/organisation(s) going to take? What advice did they give you?

Any other external agencies contacted (*contact details, date and time, information given and advice received*)

Have the parents been informed that contact is going to be made with social services?

NB: parents should always be informed unless to do so could place the child at risk of further harm, please seek advice of this point from the duty social worker if you are uncertain.

Yes

No

Signature:

Print Name:

Date: