Dorchester Baptist Church

Safeguarding Incident Form

Name of worker

Contact for worker

INDIVIDUAL OF CONCERN - CONTACT DETAILS

Name	
Date of birth	
Address	
Phone number / Email address	

THE INCIDENT

What happened? (Nature of concern / disclosure made - use the person's own words if known

When did it happen? (date, time)

Where did it happen? (specific location)

Who was allegedly involved and in what way? (includes witnesses)

Any action taken including date and time of this ?

Signed

Date