

FPCT Incident / Concern Report Form

Use this to record concerns, disclosures, or incidents. Submit to the Safeguarding Focal Person without delay.

Reporter Name/Role

Phone/Email

Date/Time Observed

Location

Child/Person Affected (name/age if known)

Guardian/Contact (if known)

Alleged Person(s) Involved

Describe the incident/disclosure (include exact words where possible):

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Immediate actions taken and by whom:

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