



**ROYAL SPA BRASS Child Protection Policy and Procedures**

**INCIDENT REPORT - Private and Confidential when complete**

Name of child.....Age/date of birth.....  
Parent/carer's name.....  
Address.....  
Telephone number.....

Are you reporting your own concerns or passing on those of someone else? Give details of witness

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Brief description of what has prompted concerns: include date, time, and location of any specific incidents.

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Any physical signs? Behavioural signs? Indirect signs?

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Have you spoken to the child? If so, what was said?

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Have you spoken to the parent(s)? If so, what was said?

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Has any one been alleged to be the abuser? If so, give details, including relationship to the child.

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Have you consulted anyone? Give detail.

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Your name..... Position.....

Signature..... Date.....

When completed, please contact Megan Bazeley 01926 770005 or Roy Kruze 01926 859848.