

**BLDSA Incident Reporting Form for Child & Vulnerable Adult Protection Matters**

This form should be used whenever any incident which jeopardised (or could have jeopardised) the safety or wellbeing of a child or vulnerable adult comes to the attention of a BLDSA official. Concerns about individual children or vulnerable adults, whether or not an act of abuse or neglect is actually witnessed, should always be reported immediately to the police, health authorities or local social services. You are not asked to decide whether or not abuse or neglect has occurred, only to report your concerns and pass on any complaints received, regarding actual or suspected incidents, or near misses. All forms received will be treated confidentially.

**INCIDENT DETAILS**

Date of incident: \_\_\_\_\_  
Did the incident occur during a BLDSA event? Y / N  
If yes, which event?: \_\_\_\_\_  
Name(s) of children/vulnerable adults involved: \_\_\_\_\_

Does the incident involve a:  
Concern about a child or vulnerable adult? Y / N (If yes, you *must* also report to the police, health authorities or social services immediately)  
Witnessed incident? Y / N  
Complaint received? Y / N If yes, who from? \_\_\_\_\_  
Near miss? Y / N  
Summary of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN**

Police Informed? Y / N Details: \_\_\_\_\_  
Social Services Informed? Y / N Details: \_\_\_\_\_  
Referred to hospital? Y / N Details: \_\_\_\_\_  
Parents/Guardians informed? Y / N Details: \_\_\_\_\_  
Other(s) informed? Y / N Details: \_\_\_\_\_  
Other actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER WITNESSES/COMPLAINANTS**

Name(s) and contact details:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**REPORTER'S DETAILS**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position held in BLDSA: \_\_\_\_\_  
How did you become aware of the incident? \_\_\_\_\_  
\_\_\_\_\_  
Do you have a relationship to any of the children/vulnerable adults or others involved in this incident? (e.g. parent, partner, friend) Y / N  
Number of extra sheets attached to this form (if any): \_\_\_\_\_

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Please forward this form (using continuation sheets if required) immediately to John Wilson, BLDSA Child & Vulnerable Adult Protection Officer, 48 Creyke Close, Cottingham, East Yorkshire, HU16 4DH. The Child & Vulnerable Adult Protection Officer can be contacted for advice on 07951 206964.

**FOR CHILD/VULNERABLE ADULT PROTECTION COMMITTEE USE ONLY**

Date received:- \_\_\_\_\_.

Immediate action taken: \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Signed: \_\_\_\_\_.

Date: \_\_\_\_\_.