**Annex G**

**YCW Incident Reporting Form**

**Adult Companion / Volunteer Information**

*PLEASE FILL OUT INFORMATION ABOUT YOURSELF*

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

**Project / Parish (Please tick one that applies)**

|  |  |
| --- | --- |
| **YCW Group □** | **Please Name Group:** |
| **IMPACT! □** | **Please Name Group:** |
| **Other □** | **If Other Please State:** |

**About the Person Affected**

|  |  |
| --- | --- |
| **Initials:** |  |
| **Age:** |  |
| **Gender:** |  |

**Date & Time**

|  |  |  |
| --- | --- | --- |
| **Incident Date:** |  | |
| **Incident Time (24 hr)** | **HH:** | **MM:** |

**Safeguarding**

*Tick one if this is a safeguarding incident about:*

|  |
| --- |
| Adult Safeguarding: **□** |
| Child Safeguarding: **□** |

**Who has been informed?**

Tick if you have informed either (tick all that apply):

|  |  |
| --- | --- |
| Parish Safeguarding representative: **□** | Diocesan Safeguarding Lead: **□** |
| YCW Designated Safeguarding Lead: **□** | Police: **□** |
| Careline: **□** | Local Authority: **□** |
| Other (Please state): |  |

**What has Happened?**

*Provide as much information as you can.*

*Category (Please tick all that apply):*

|  |  |  |
| --- | --- | --- |
| Abusive behavior towards volunteer by young person: **□** | Abusive behavior towards a volunteer by visitor or another person: **□** | Disclosure of abuse (Mental): **□** |
| Allegation of abuse (Financial): **□** | Allegation of abuse (Physical): **□** | Disclosure of abuse (Physical): **□** |
| Allegation of abuse (Mental): **□** | Allegation of abuse (Sexual): **□** | Disclosure of abuse (Sexual): **□** |
| Allegation of Domestic Abuse: **□** | Allegation of FGM: **□** | Disclosure of Domestic Abuse: **□** |
| Allegation of Racism: **□** | Behavior of service user giving cause for concern: **□** | Forced Marriage: **□** |
| Bullying: **□** | Concern of Extremism: **□** | Hate Crime: **□** |
| Concern of Radicalisation: **□** | Confrontation by another person: **□** | Racism (Physical Abuse): **□** |
| Confrontation by another volunteer: **□** | Confrontation by service user: **□** | Racism (Verbal Abuse): **□** |
| Death (unexpected): **□** | Disclosure (FGM): **□** | Self-Harm (Fabricated or Induced Illness): **□** |
| Disclosure of abuse (Emotional): **□** | Disclosure of abuse (Financial): **□** | Self-Harm (Other): **□** |
| Skin Bruising: **□** | Theft (Personal item): **□** | Vandalism: **□** |
| Other (Please State): | | |
| **What exactly happened? Or What was disclosed to you?** | | |

|  |
| --- |
| **Where did it happen?** |

|  |
| --- |
| **Why did it happen?** |

**Return your Report**

Once you have completed this form. Please return to **YCW HQ, St Antony’s House, Eleventh Street, Trafford Park, M17 1JF** and mark as private and confidential for the attention of **YCW Designated Safeguarding Lead** or email **chair@ycwimpact.com.** This form will be safe and secured and will be dealt with confidentially.