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| **Battle Scars Safeguarding Incident**  **Part 1** to be completed by person receiving the allegation or raising the concern.  **Part 2** to be completed by the CEO or trustee dealing with this incident. | | | |
| **PART 1** | | | |
| Name of person who has received the allegation: | | | |
| Role / link to Battle Scars (e.g. volunteer, service user etc.): | | | |
| Date of notification: | Time of notification: | | |
| Young person’s or vulnerable adult’s details: | | | |
| Name: | | Age (if adult please enter 18+): | |
| How was this allegation received or how was the safeguarding concern raised (include location, setting, circumstances etc.): | | | |
| What was said and / or observed (include the appearance and behaviour of the victim, description of any injuries incl. location, size etc.): | | | |
| Action(s) taken (specify when): | | | |
| Signature of person filling in Part 1 of this form: | | | Date: |
| **Battle Scars Safeguarding Incident**  **Part 1** to be completed by person receiving the allegation or raising the concern.  **Part 2** to be completed by the CEO or trustee dealing with this incident. | | | |
| **PART 2** | | | |
| Name of person who has received the completed form: | | | |
| Position in the organisation: | | | |
| Date report of allegation was received: | Time report of allegation was received: | | |
| Date completed form was received: | Time completed form was received: | | |
| Action(s) taken (include dates / times): | | | |
| External referral made (e.g. Children’s / Adult Social Care services)  Date: | | | |
| Other comments including outcomes: | | | |
| Signature of person closing the incident: | | | Date: |