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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:  |