

# Child Protection Incident Report Form

## Details of person making the report:

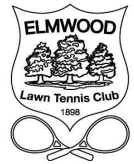
|                  |        |                   |  |
|------------------|--------|-------------------|--|
| Name             | Date   |                   |  |
| Title/Position   |        | Organisation name |  |
| Contact numbers: | Mobile |                   |  |
|                  | Home   |                   |  |
|                  | Work   |                   |  |
| Address          |        |                   |  |
| Email address    |        |                   |  |

## Details of child affected:

|   |        |               |  |
|---|--------|---------------|--|
| Name  |        | Date of birth |  |
| Contact numbers:<br>(If same as for parent/guardian, use section below) | Mobile |               |  |
|   | Home   |               |  |
|   | Work   |               |  |
| Address<br>(If same as for parent/guardian, use section below)          |        |               |  |

## Details of parent/guardian:

|                  |        |                       |  |
|------------------|--------|-----------------------|--|
| Name             |        | Relationship to child |  |
| Contact numbers: | Mobile |                       |  |
|                  | Home   |                       |  |
|                  | Work   |                       |  |
| Address          |        |                       |  |



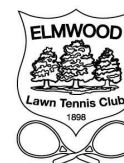
**Details of adult of concern (person who complaint/concern is about):**

|                  |        |               |  |
|------------------|--------|---------------|--|
| Name             |        | Date of birth |  |
| Contact numbers: | Mobile |               |  |
|                  | Home   |               |  |
|                  | Work   |               |  |
| Address          |        |               |  |

Please include a summary of the incident/concerns below. Please describe any action that has been taken already.

Relevant paperwork and additional sheets should be indicated in the boxes provided and sent to LTA Child Protection with this form.

|                                       |  |
|---------------------------------------|--|
|                                       |  |
| Number of additional sheets attached: |  |



**Other agencies/organisations/individuals informed:**

|           |   |  |
|-----------|---|--|
| Contact 1 | Name and address of organisation/individual |  |
|           | Telephone number                            |  |
|           | Contact person/reference number             |  |
| Contact 2 | Name and address of organisation/individual |  |
|           | Telephone number                            |  |
|           | Contact person/reference number             |  |

**When you have completed the form:**

Attach any background documents and send the form to the LTA Child Protection Department by email or post.

Remember to telephone the Child Protection Department directly if you need advice quickly.

If you believe that someone may be at immediate risk, you should contact your local police or social services department. Dial 999 if there is an emergency.

Apart from the police or social services, you should not discuss this referral with anyone before taking advice from your county or LTA Child Protection officer.

**LTA Child Protection**

T: 0208 487 7008/7116

M (24 hour): 07971 141 024

F: 0208 487 7301

E: [childprotection@lta.org.uk](mailto:childprotection@lta.org.uk)

[www.LTA.org.uk/childprotection](http://www.LTA.org.uk/childprotection)