



KHANYA
building skills for life

Khanya Safeguarding Incident Report Form

NB This form should only be filled in with information **already** known by the concerned person and the person to whom the referral is made. Be careful not to ask leading questions and be clear about what is fact and what is opinion in your recording.

Name of person at risk (including any names known)	
Date of Birth	
Address	
Any special needs known; including medical, disability, language etc	
Nature of concern:	
Name and details of any other person at risk	
Name, role & signature of the concerned person	Time & Date

<p>Khanya Safeguarding Lead Record the action taken and the reason for taking it OR why no action has been taken at this time</p>	<p>Detail here agency contacted, who was spoken to and any decisions/ timescales/actions agreed</p> <p style="text-align: right;">Time & Date</p>
<p>Name & signature of Khanya Safeguarding Lead</p>	<p style="text-align: right;">Time & Date</p>

Khanya Safeguarding Lead.

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