PROSTATE CANCER UK

Safeguarding Incident Report Form	
Record completed by:	
Position:	Date:
Person at risk's name:	
Person at risk's contact details if known:	
Person at risk's date of birth:	

Date and time of any incident:	Date: Time:
Your observations: Detail exactly what the person at risk said and what you said: (Remember do not lead the person at risk – record actual details. Continue a separate sheet if necessary)	
Safeguarding Lead informed? ☐ Yes ☐ No	
Your name:	
Your contact number:	

Email this form as soon as possible to our Safeguarding Lead, Chiara de Biase, Interim Fundraising & Health Strategy Director via chiara.debiase@prostatecanceruk.org

Reviewed by Safeguarding Lead	
Signed:	Date: