

Code	SIF.001
Title	Safeguarding Incident Form
Status	Active
Prepared by	Dorian Roberto Ramírez Sosa
Approved by	Stuart Matthew Hanson
Date Approved	31.08.2025
Revision Number	Version 1.0
Date last amended	31.08.2025
Date of last review	31.08.2025
Date of next review	31.08.2026
Contact Officer	Stuart Hanson
Distribution Status EDIATION	Controlled DEMY

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Veritas Mediation Academy - Safeguarding Incident Form

1. Reporting details

Date of Report:	
Time of Report:	
Reporter's Name:	
Role (Staff, Volunteer, Student, Other):	
Contact Information:	

2. Section 2: incident details

Date of Incident:		
Time of Incident:		
Location of Incident:		
Name of Individual(s) In	volved:	
Role(s) of Indiv Involved:	idual(s)	

3. SECTION 3: DESCRIPTION OF INCIDENT

Provide as much detail as possible, including what happened, who was involved, and any specific concerns about safeguarding.

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SECTION 4: IMMEDIATE ACTION TAKEN 4. [] Spoke with the individual(s) concerned [] Reported to Designated Safeguarding Lead (DSL) [] Escalated to external agency (e.g., Police, Social Services) [] Other (please specify): _____ 5. **SECTION 5: WITNESSES (IF APPLICABLE)** Name(s) of Witness(es): Contact Details: _____ 6. **SECTION 6: ADDITIONAL INFORMATION** Include any relevant background information or prior concerns. Additional evidence could be added as attachments. **REPORTING & ESCALATION** 7. Reported to Designated Safeguarding Lead (DSL)? [] Yes [] No **DSL Name:** Date & Time: **DSL Notified:** Further Action Recommended by DSL: [] No further action required [] Ongoing monitoring [] Referral to external safeguarding agency

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[] Other:



8. SIGNATURES

Reporter's Signature:	
Date:	
DSL Signature:	Date:

Confidentiality Statement: This document contains confidential information and must only be shared with relevant safeguarding personnel as required under Veritas Mediation Academy's Safeguarding Policy.



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