



## SSC Groups - Incident Report

*This form should be used by the SSC Chair's Office to record claims of violations to the Code of Conduct within the SSC.*

*All the information must be treated as confidential and reported only to the SSC Chair or to any person that has been designated as responsible for such matters. Completing this record should not stand in the way of contacting Police or Social Services in the event of an emergency or urgent safeguarding incident.*

### Personal details (the person completing the form)

Name

Your position or relationship to whom the claim is about

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Your telephone number

Your email address

How did you hear about the incident?

### Details of the person affected (if different)

Name/names of person/s claiming a Code of Conduct violation

Position

Telephone number (if known) of the person making the claim

Email address (if known) of person making the claim

**Details of the incident (please describe in detail using only the facts) Date and time of any incident**

Details of any person involved in this incident or alleged to have caused the incident

Details of concern, please describe the issue fully including names, reported allegations, observation of behavior, injuries, etc.

Action taken to date

**Additional relevant information**

Please detail anything else that you believe to be helpful or important

I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter

Yes

No

Date of completing this form