

**Private and Confidential**



Fermanagh & Omagh  
District Council  
Comhairle Ceantair  
Fhear Manach agus na hÓmaí

**Incident Report Form**

**Name of Employee making report:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Name of Individual:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Details of Incident (including date, time and location):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NB: If a disclosure has been made the Record of a Disclosure should also be completed and attached to this form.**

**Action Checklist**

Report to Designated Officer \_\_\_\_\_ (Date)

Advice from Social Services \_\_\_\_\_ (Date)

Action Taken \_\_\_\_\_

\_\_\_\_\_