

Incident report form for volunteers

This form can be used to record any 'reportable' incident during your volunteering activity. This includes incidents of **safeguarding or for anything of an abusive or nuisance nature, and any accident or injury that may occur during your volunteering**. This could be an incident that affects you, other Lymphoma Action volunteers or staff members, or that affects service users or members of the public.

All incidents must be kept confidential (you must not talk about it to anyone outside of the charity).

Instructions for completing this form

- This form should only be completed by official Lymphoma Action volunteers(s) or staff members dealing with the incident.
- You should complete it as soon as possible following the incident (so the details are fresh in your mind) and in as much detail as possible.
- Please sign and date the form and send to your Lymphoma Action volunteer manager.

Your details

Name: _____

Volunteer role/staff role: _____

Anyone else involved/informed at the time: _____

Details of the individual

Name: _____ Phone number: _____

Email address: _____

Address (if provided): _____

Details of the incident

Date: _____ Time: _____

Type of incident: _____

Describe the incident in as much detail as possible. Include any details about the individual and the action they took.

Describe any action you took at the time of the incident.

Unique reference number (if Police were called) _____

Signed: _____ **Date:** _____

Looking after yourself

Following any incident it is important to talk to someone about what has happened and how you feel about it. For example, you may feel angry, upset or worried, and talking about this (or 'debriefing') can be an important part of dealing with what's happened, and working through any emotions you are feeling. Please talk to your staff contact, or you can speak to one of the helpline services team.

Please remember than all incidents are confidential: you must not talk about the details of the incident with anyone outside of the charity.

For Lymphoma Action use only

Action taken _____

Authority called _____

Signed: _____ **Date:** _____