



## FORM 2 RESPONDING TO ABUSE - WORKERS ACTION SHEET

Version 1

### Confidential

Name of Group \_\_\_\_\_

Name of Child/Young Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Person Reporting Incident \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of incident \_\_\_\_\_

Sequence of Events/Actual Words Used/Observations

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

Action Taken (including person(s) contacted)

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

Notes: \_\_\_\_\_

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