

INCIDENT REPORTING FORM

Your name:	Name of organisation:
Your role:	
Contact information (you) Address:	Telephone:
Postcode:	Email:
Child's name:	Child's DOB:
Child's ethnic origin:	Does child have a disability?
Child's gender: <input type="checkbox"/> male <input type="checkbox"/> female	
Parent's/ carer's name(s):	
Contact information (parent/ carer) Address:	Telephone:
Postcode:	Email:
Have parent's/ carer's been notified of this incident: <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please provide details of what was said/ agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please insert their details here</i>	
Name:	Telephone:
Position within the sport or relationship to the child:	Email:
Date and times of incident:	
Details of the incident or concerns: <i>Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	

Child's account of the incident:	
Please provide any witness accounts of the incident:	
Please provide details of any witnesses to the incident	
Name: Position within the sport or relationship to the child: Address: Post Code:	Telephone: Email: DOB (if child)
Please provide details of any action taken to date:	
Has the incident been reported to any external agencies? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please provide further details:	
Name of organisation/ agency: Contact person: Telephone: Email: Agreed actions or advice given:	

Your signature		Print name	
Date			

Please contact the Sport Resolutions Designated Safeguarding Officer in line with the Sport Resolutions reporting procedures. The Designated Safeguarding Officer is responsible for processing this report and following up on actions taken.