

## Incident reporting form

<b>Your name:</b>	<b>Name of organisation:</b>
<b>Your role:</b>	
<b>Contact information (you):</b> <b>Address:</b>	
<b>Telephone numbers:</b> <b>Email address:</b>	
<b>Child's name:</b>	<b>Child's date of birth:</b>
<b>Child's ethnic origin:</b> Please state	<b>Does child have a disability:</b> Please state
<b>Child's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Parent's / carer's name(s):</b>	
<b>Contact information (parents/carers):</b> <b>Address:</b>	
<b>Telephone numbers:</b> <b>Email address:</b>	
<b>Have parent's / carer's been notify of this incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
<b>Are you reporting your own concerns or responding to concerns raised by someone else:</b> <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
<b>If responding to concerns raised by someone else:</b> Please provide further information below	
<b>Name:</b>	
<b>Position within the sport or relationship to the child:</b>	
<b>Telephone numbers:</b> <b>Email address:</b>	
<b>Date and times of incident:</b>	
<b>Details of the incident or concerns:</b> Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.	
<b>Child's account of the incident:</b>	
<b>Please provide any witness accounts of the incident:</b>	

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<p><b>Please provide details of any witnesses to the incident:</b></p> <p><b>Name:</b></p> <p><b>Position within the club or relationship to the child:</b></p> <p><b>Date of birth (if child):</b></p> <p><b>Address:</b></p> <p><b>Telephone number:</b></p> <p><b>Email address:</b></p>
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<p><b>Please provide details of any person involved in this incident or alleged to have caused the incident / injury:</b></p> <p><b>Name:</b></p> <p><b>Position within the club or relationship to the child:</b></p> <p><b>Date of birth (if child):</b></p> <p><b>Address:</b></p> <p><b>Telephone number:</b></p> <p><b>Email address:</b></p>
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<p><b>Please provide details of action taken to date:</b></p>
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<p><b>Has the incident been reported to any external agencies?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p><b>If YES please provide further details:</b></p> <p><b>Name of organisation / agency:</b></p> <p><b>Contact person:</b></p> <p><b>Telephone numbers:</b></p> <p><b>Email address:</b></p> <p><b>Agreed action or advice given:</b></p>
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<b>Your Signature:</b>		<b>Print name:</b>	
<b>Date:</b>			

Contact your organisation's Designated Safeguarding Officer in line with Colebridge's reporting procedures.