

Incident reporting form



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

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

Your Signature:		Print name:	
Date:			

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