



SAFEGUARDING CONCERN | INCIDENT REPORTING FORM

If you believe a child is in immediate danger or imminent risk of harm please contact 999.

Your name:	
Your role:	
Contact information (you):	
<i>Address:</i>	<i>Telephone numbers:</i>
<i>Postcode:</i>	<i>Email address:</i>
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender: ☐ Male ☐ Female	
Parent's / carer's name(s):	
Contact information (parents/carers):	
<i>Address:</i>	<i>Telephone numbers:</i>
<i>Postcode:</i>	<i>Email address:</i>
Have parent's / carer's been notified of this incident? ☐ Yes ☐ 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:

- ☐ Responding to my own concerns
- ☐ Responding to concerns raised by someone else

If responding to concerns raised by someone else:

Please provide further information below.

Name:

Telephone numbers:

*Position within the sport
or relationship to the child:*

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: