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):	
Address:	*Telephone numbers:*
Postcode:	*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: □ Male □ Female	
Parent's / carer's name(s):	
Contact information (parents/carers):	
Address:	*Telephone numbers:*
Postcode:	*Email address:*
Have parent's / carer's been notify 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:	

Please email this form to your Area Safeguarding Officer or UTESafeguarding on safe@unitedtwirlengland.org