## Safeguarding Incident Report Form

Child's name:	Date of Birth:
Address <u>:</u>	
Relevant medical condition/disability:	
Home /parent's name and telephone nu	umber:
Date of incident/report/disclosure:	
Time:	Venue:
If concerns were passed on by a third pa record what was said:	arty, supply their details (name, contact no. etc.), and
If the child/young person made a direct the child said (using their words):	disclosure, describe the circumstances and record what
If concerns arise from your observations	s/actions, give details:
Name, role, relationship to the child and	d contact details (if known) of the alleged abuser(s):
Name, role and contact details of any po	otential witnesses to the alleged incident:
	e name, role, agency and contact number for person(s) hared, including parents, and any agreed actions):
Your name:	Role:
Contact number:	
Signature:	
Pass this form on to:	in line with your club's procedures.

Please ensure confidentiality and share your concerns on a strict need-to-know basis, and only in order to protect this child or other children.

You may wish to seek assurance by discussing your concerns with someone outside the club. The NSPCC provides a free 24-hour service on 0808-800-5000.