**Incident reporting form**

Chiltern Cheetahs take Safeguarding seriously.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your information** | | | |
| Name |  | | |
| Address |  | | |
| Contact number(s) |  | | |
| Email |  | | |
| Name of organisation | Chiltern Cheetahs | Your role |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal information – child / young person** | | | | | |
| Name |  | | | Date of birth |  |
| Gender[[1]](#endnote-2) | Male  ¨ | Female  ¨ | Non-binary  ¨ | Another description (please state)  ¨ | |
| Is there any information about the child that would be useful to consider? | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details\*** | | | | | | | |
| Date and time of incident | | |  | | | | |
| Please tick one: | ¨ | I am reporting my own concerns. | | ¨ | I am responding to concerns raised by someone else – please fill in their details: | | |
| Name of person raising concern | | |  | | | Role within the sport or relationship to the child |  |
| Contact number(s) | | |  | | | | |
| Email | | |  | | | | |
| 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) | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details (continued)** | | | | | | | |
| Child’s account of the incident | | | | | | | |
| Please provide any witness accounts of the incident: | | | | | | | |
| Name of witness (and date of birth, if a child) |  | | Role within the sport or relationship to the child | | | |  |
| Contact number(s) |  | | | | | | |
| Email |  | | | | | | |
| Details of any person involved in this incident or alleged to have caused the incident / injury | | | | | | | |
| Name (and date of birth, if a child) |  | | Role within the sport or relationship to the child | | | |  |
| Contact number(s) |  | | | | | | |
| Email |  | | | | | | |
| Please provide details of action taken to date | | | | | | | |
| Has the incident been reported to any external agencies? | | | | ¨ | No | ¨ | Yes – please provide further details: |
| Name of organisation / agency | |  | | | | | |
| Contact person | |  | | | | | |
| Contact number(s) | |  | | | | | |
| Email | |  | | | | | |
| Advice given | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agreed Action Points: | | | | |
| To be reviewed? |  | No |  | Yes  Date: |

|  |  |
| --- | --- |
| **Declaration** | |
| Your signature | û |
| Print name |  |
| Today’s date |  |

1. [↑](#endnote-ref-2)