



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:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

Name:

Position within the club or relationship to the child:

Date of birth (if child):

Address:

Telephone number:

Email address:

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

Name:

Position within the club or relationship to the child:

Date of birth (if child):

Address:

Telephone number:

Email address:

Please provide details of action taken to date:

Has the incident been reported to any external agencies?

Yes

No

If YES please provide further details:

Name of organisation / agency:

Contact person:

Telephone numbers:

Email address:

Agreed action or advice given:

Your Signature:		Print name:	
Date:			

Contact your organisation's Designated Safeguarding Officer in line with Portishead Table Tennis Club's reporting procedures.