



TKW Safeguarding Incident/Concern Reporting Form

Your name:	Name of organisation:
Your role:	
Contact information (you): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</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: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers): <i>Address:</i> <i>Postcode:</i> <i>Telephone numbers:</i> <i>Email address:</i>	
Have parent's / carer's been notify of this incident/concern? <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: <i>Please provide further information below</i>	
<i>Name:</i>	
<i>Position within the sport or relationship to the child:</i>	
<i>Telephone numbers:</i> <i>Email address:</i>	
Date and times of incident/concern:	
Details of the incident or concerns: <i>Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	

Child's account of the incident/concern:

Please provide any witness accounts of the incident/concern:

Please provide details of any witnesses to the incident/concern:
Name:
Position within the club or relationship to the child:
Date of birth (if child):
Address: *Postcode:*
Telephone number: *Email address:*

Please provide details of any person involved in this incident/concern or alleged to have caused the incident/injury/concern:
Name:
Position within the club or relationship to the child:
Date of birth (if child):
Address: *Postcode:*
Telephone number: *Email address:*

Please provide details of action taken to date:

Has the incident/concern 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:			