**Initial Concern reporting form**

**Please complete this form if you have a concern or an issue relating to an individual or something that has happened at an event/competition**

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| **Details of person reporting the concern** |
| **Your name:** | **Name of organisation:** |
| **Your contact details:****Address:****Telephone number:** |

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| **Details of concern** |
| **Individuals name:** | **Individuals date of birth:** |
| **Does the individual have a disability or impairment:** |
| **Contact details:** | **Gender:** |
| **Has the parent/carer been informed: YES NO****If YES please provide details of what was said/agreed:** |
| **Date and time of the incident or concern:** |
| **Details of the incident or concern:** |
| **Action taken to date:** |
| **Has the incident been report to any external agencies? YES NO****If YES please provide further details:** |

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| **Witness information** |
| **Name:** | **Role within the organisation:** |
| **Contact details:****Address:** |
| **Additional information:** |