**Incident Report Form for the use of ACI officials only**

**Use for reporting of concerns relating to poor practice, bullying, cases of emotional or physical neglect or abuse, or sexual abuse**

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| 1. **Name of organisation:** |
| Click or tap here to enter text. |
| 1. **Your name:** |
| Click or tap here to enter text. |
| 1. **Your position:** |
| Click or tap here to enter text. |
| 1. **Your contact information:** |
| Address: Click or tap here to enter text.  Telephone number: Click or tap here to enter text.  Email address: Click or tap here to enter text. |
| 1. **Name of Person of concern:** |
| Click or tap here to enter text. |
| 1. **Is the person under 18? (If no, go to question 12)** |
| ⬜ Yes  ⬜ No |
| 1. **Child’s date of birth:** |
| Click or tap here to enter text. |
| 1. **Parent/Carer’s name(s):** |
| Click or tap here to enter text. |
| 1. **Person or Parent/Carer’s contact information:** |
| Address: Click or tap here to enter text.  Telephone number: Click or tap here to enter text.  Email address: Click or tap here to enter text. |
| 1. **Have parents/carer been notified of this incident:** |
| ⬜ Yes  ⬜ No |
| 1. **If YES, please provide details of what was said:** |
| Click or tap here to enter text. |
| 1. **Person’s gender:** |
| Click or tap here to enter text. |
| 1. **Person’s ethnic origin:** |
| Click or tap here to enter text. |
| 1. **Are you reporting your own concerns or responding to concerns raised by someone else:** |
| ⬜ Own concerns  ⬜ Concerns raised by someone else |
| 1. **If responding to concerns raised by someone else, please provide further information:** |
| Name: Click or tap here to enter text.  Position within club/event: Click or tap here to enter text.  Telephone numbers: Click or tap here to enter text.  Email address: Click or tap here to enter text. |
| 1. **Date and time of incident:** |
| Click or tap here to enter text. |
| 1. **Details of incident or concern:** Include all relevant information, such as description on any injuries and whether you are recording this incident as fact, opinion or here say. |
| Click or tap here to enter text. |
| 1. **Child’s account of the incident:** Complete if this report relates to a child |
| Click or tap here to enter text. |
| 1. **Please provide any witnesses accounts of the incident:** |
| Click or tap here to enter text. |
| 1. **Please provide details of any witnesses to the incident:** |
| Name: Click or tap here to enter text.  Position within club/event: Click or tap here to enter text.  Telephone number: Click or tap here to enter text.  Email address: Click or tap here to enter text. |
| 1. **Please provide any details of any person involved in this incident or alleged to have caused the incident/injury:** |
| Name: Click or tap here to enter text.  Person within the club or relationship to the child: Click or tap here to enter text.  Date of birth: Click or tap here to enter text.  Address: Click or tap here to enter text. |
| 1. **Please provide details of action taken to date:** |
| Click or tap here to enter text. |
| 1. **Has the incident been reported to any external agencies?** |
| ⬜ Yes  ⬜ No |
| 1. **If YES, please provide further details:** |
| Name of organisation/agency: Click or tap here to enter text.  Contact person: Click or tap here to enter text.  Telephone numbers: Click or tap here to enter text.  Email address: Click or tap here to enter text.  Agreed action or advice given: Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **Your signature:** | Click or tap here to enter text. | **Print name:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. | | |

Contact the Angling Trust’s Designated Safeguarding Officer in line with reporting procedures. [Richard.hadley@anglingtrust.net](mailto:Richard.hadley@anglingtrust.net)