**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**

|  |
| --- |
| 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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