Incident Report Form

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.
2. Your name:
Click or tap here to enter text.
3. Your position:
Click or tap here to enter text.
4. 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.
5. Name of Person of concern:
Click or tap here to enter text.
6. Is the person under 18? (If no, go to question 12)
☐ Yes
□ No
7. Child's date of birth:
Click or tap here to enter text.
8. Parent/Carer's name(s):
Click or tap here to enter text.
9. 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.

10. Have parents/carer been notified of this incident:			
Yes			
□ No			
11. If YES, please provide details of what was said:			
Click or tap here to enter text.			
12. Person's gender:			
Click or tap here to enter text.			
13. Person's ethnic origin:			
Click or tap here to enter text.			
14. Are you reporting your own concerns or responding to concerns raised by someone else:			
☐ Own concerns			
Concerns raised by someone else			
15. 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.			
16. Date and time of incident:			
Click or tap here to enter text.			
17. 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.			
18. Child's account of the incident: Complete if this report relates to a child			
Click or tap here to enter text.			
19. Please provide any witnesses accounts of the incident:			
Click or tap here to enter text.			
20. Please provide details of any witnesses to the incident:			

Name: Click or tap	here to enter text.					
Position within club	o/event: Click or tap here to enter te	xt.				
Telephone number	: Click or tap here to enter text.					
Email address: Cli	ck or tap here to enter text.					
-	vide any details of any person invo ave caused the incident/injury:	olved in t	his incident or			
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 t	ap here to enter text.					
22. Please prov	vide details of action taken to dat	e:				
Click or tap here to e	enter text.					
23. Has the incident been reported to any external agencies?						
Yes						
☐ No						
24. If YES, plea	se provide further details:					
Name of organisati	on/agency: Click or tap here to ente	r text.				
Contact person: Click or tap here to enter text.						
Telephone number	s: Click or tap here to enter text.					
Email address: Cli	ck 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	Click or tap here to			

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