**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**

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

|  |  |
| --- | --- |
| **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:** | |

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