

## 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:	