

Incident reporting form

Your information			
Name			
Address			
Contact number(s)			
Email			
Name of organisation		Your role	

Personal information – child / young person					
Name				Date of birth	
Gender (optional)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>	
Is there any information about the child that would be useful to consider?					

Contact information – parent / carer		
Name(s)		
Address		
Contact number(s)		
Email		
Have they been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed

Incident details*			
Date and time of incident			
Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details:	
Name of person raising concern		Role within the sport or relationship to the child	
Contact number(s)			
Email			

Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

Incident details (continued)

Child's account of the incident

Please provide any witness accounts of the incident

Name of witness (and date of birth, if a child)		Role within the sport or relationship to the child	
Address			
Contact number(s)			
Email			

Details of any person involved in this incident or alleged to have caused the incident / injury

Name (and date of birth, if a child)		Role within the sport or relationship to the child	
Address			
Contact number(s)			
Email			

Please provide details of action taken to date

Has the incident been reported to any external agencies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide further details:
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Name of organisation / agency	
Contact person	
Contact number(s)	
Email	

Agreed action or advice given

Declaration

Your signature	x
Print name	
Today's date	

Contact your organisation's Designated Safeguarding Officer in line with Flight Aerial Arts's reporting procedures

Safeguarding
Officer's name

Date reported