

Acocks Green YBC

Youth Bowling Club



SAFEGUARDING INCIDENT REPORT FORM

ACOCKS GREEN YOUTH BOWLING CLUB
Name of person completing form:
Position in Club
Address:
Child's Name and Date of Birth:
Child's Address:
Date and Time of Incident:
Parents/Guardians names and address:
Your observations: <i>Exactly what the child said and what you said: (Remember, do not lead the child – record actual details. Continue on separate sheet if necessary)</i>

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Witness details

Witness statement if applicable (please continue on a separate sheet if necessary):

External agencies contacted (date & time)

Follow up action if required

Signature:

Print name:

Date:

Remember to maintain confidentiality on a 'need to know' basis – only if it will protect the child/young person. Do not discuss this incident with anyone other than those who need to know.