



Incident reporting form

This form must be completed and submitted within **24 hours** of the incident. Contact Brighton Stormers Safeguarding Lead, Ruth Eeles, in line with your organisation's reporting procedures.

Name of person reported to	
Date reported	

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

Personal information – child / young person					
Name				Date of birth	
Gender ⁱ	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Prefer not to say <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



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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/activity or relationship to the child	
Contact number(s)			
Email			
<p>Details of the incident or concerns (Include information such as times, dates, description of any injuries and if any other parties were involved, and whether you are recording this incident as fact, opinion or hearsay. Also include any other relevant information known about the family's/child's circumstances.)</p>			
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/activity 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/activity or relationship to the child	
Address			
Contact number(s)			
Email			
Please provide details of action taken to date			

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



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Incident details (continued)	
Has the incident been reported to any external agencies? (e.g. police, LADO, social services, NSPCC, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide further details:
Name of organisation / agency	
Contact person	
Contact number(s)	
Email	
Agreed action or advice given	

Declaration	
Your signature	<input checked="" type="checkbox"/>
Print name	
Today's date	
