

**SUFFOLK COASTAL REGION SAFEGUARDING INCIDENT REPORT FORM**

Your Name

Your Role

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Your contact information – address, telephone numbers and email address

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Child/Vulnerable Adult Name – Date of Birth or Age

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Ethnic Origin

Disability

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Gender M

F

Other

Parents/Guardian name/s

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Have parents/Guardian been notified about this incident Yes No

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If yes, please provide details of what was said/action agreed

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Are you reporting your own concerns or responding to concerns raised by someone else?

If responding to concerns raised by someone else please provide details

Name

Position in the sport

relationship to child/vulnerable adult

Telephone numbers and email address

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Wish to remain anonymous

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Date and time of incident

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Details of the incident/concern

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Child/vulnerable adult account of incident/concern

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Please provide Witness account of incident

Position in club and relationship to child/vulnerable adult

Contact details of witnesses (date of birth if a child)

Provide details of any person involved in this incident or alleged to have caused the incident or injury

Position within the club

Relationship to the child

Address and telephone numbers/email address

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Details of action taken to date

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Has the incident/concern been reported to any external agencies. If so, please provide details and contact name/email address

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Agreed action and/or advice given

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Your signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

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Contact your organisation's designated Safeguarding Officer in line with reporting procedures

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