**WFRA Safeguarding Incident Reporting Form**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal information – child / young person** | | | | | |
| Name |  | | | Date of birth |  |
| Gender[[1]](#footnote-1) | Male  🞎 | Female  🞎 | Non-binary  🞎 | Another description (please state)  🞎 | |
| 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  🞎 |  | Please explain why this decision has been taken |
| Yes  🞎 |  | Please give details of what was said / actions agreed |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details\*** | | | | | | | |
| Date and time of incident | | |  | | | | |
| Please tick one: | 🞎 | I am reporting my own concerns. | | 🞎 | 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)

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| **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? | | | | 🞎 | No | 🞎 | Yes – please provide further details: |
| Name of organisation / agency | |  | | | | | |
| Contact person | |  | | | | | |
| Contact number(s) | |  | | | | | |
| Email | |  | | | | | |
| Agreed action or advice given | | | | | | | |

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| --- | --- |
| **Declaration** | |
| Your signature | 🗶 |
| Print name |  |
| Today’s date |  |

|  |  |
| --- | --- |
| Contact a WFRA Designated Welfare Officer in line with WFRA’s reporting procedures | |
| Safeguarding Officer’s name |  |
| Date reported |  |

1. It is good practice for the question on gender to be optional rather than mandatory. Sometimes, software can restrict options, which will require compromising on this best practice until systems are updated. Any system or software limitations should be openly acknowledged by the organisation so that transgender people know the organisation is aware of the restrictions and is working to resolve it. [↑](#footnote-ref-1)