



EACP Incident Reporting Form

Your name:	Name of organisation:
Your role:.	
Contact information (you): <i>Address:</i>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"><i>Postcode:</i></div> <div style="width: 35%;"><i>Telephone numbers:</i></div> </div> <i>Email address:</i>	
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers): <i>Address:</i>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 35%;"><i>Postcode:</i></div> </div> <i>Telephone numbers:</i> <i>Email Address:</i>	
Have parent's / carer's been notify of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below (in hardcopy format please other side of this page if required)</i>	
<i>Name:</i>	
<i>Position within the sport or relationship to the child:</i>	
<i>Telephone numbers:</i>	<i>Email address:</i>
Date and times of incident:	
Details of the incident or concerns: <i>Please provide further information below (use page of this page if required). Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	



Child's account of the incident:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

Name:

Position within the club or relationship to the child:

Date of birth (if child):

Address:

Postcode:

Telephone number:

Email address:

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

Name:

Position within the club or relationship to the child:

Date of birth (if child):

Address:

Postcode:

Telephone number:

Email address:

Please provide details of action taken to date:

Has the incident been reported to any external agencies?

Yes

No

If YES please provide further details:

Name of organisation / agency:

Contact person:

Telephone numbers:

Email address:

Agreed action or advice given:

Your Signature:

Print name:

Date:

Contact your organisation's Designated Safeguarding Officer in line with (insert your organisations names) reporting procedures.