AFC CHILD SAFEGUARDING
INCIDENT REPORTING FORM

A. YOUR INFORMATION			
Name			
Contact number			
Email			
Name of organisation (if not AFC)		Your role	

B. PERSONAL INFORMATION OF THE CHILD			
Name		Date of birth	
Gender	☐ Male ☐ Female ☐ Non-binary ☐ Another description (please state)		

C. CONTACT INFORMATION – PARENT/CARER	
Name(s)	
Address	
Contact number(s)	
Email	

D. 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 football 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/or disclosure made by a child)

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

Asian Football Confederation
AFC House, Jalan 1/155B, Bukit Jalil, 57000 Kuala Lumpur, Malaysia T: +603 8994 3388 the–AFC.com

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Child's account of the incident (if disclosed by the child to you)

Please provide the names of any witness to the incident			
Name of witness (please indicate if a child)		Role within football (Coach, Official, Player)	
Contact number(s)			
Email			

Details of any person involved in this incident or alleged to have caused the incident/injury			
Name		Role within football (Coach, Official, Player)	
Contact number(s)			
Email			

Please provide details of any action taken to date (Contacted AFC, removal of persons involved in incident, police contacted *See next section)

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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E. DECLARATION	
Your signature	
Print name	
Date	

Contact your Safeguarding Officer in line with the AFC's reporting procedures	
Safeguarding Officer's name	
Date reported	