CHILD SAFEGUARDING INCIDENT REPORTING FORM

Your Information			
Name			
Contact Number			
Email			
Name of organisation (if not AFC)		Your Role	

Personal Information of the Child						
Name					Date of birth	
Gender	Male ☐	Female ☐	Non-binary ☐	Another description (please state) ☐		

Contact information – parent/carer	
Name(s)	
Address	
Contact Number(s)	
Email	

Incident details*			
Date and time of incident			
Please tick one	☐ I am reporting my own concern	☐ 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)

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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

Declaration

Your signature	
Full Name	
Date	

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

Safeguarding Officer's name	
Date Reported	

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