

Protection Concerns Reporting Form

Your information

Name	
Role (Official/coach/parent)	
Contact details: Mobile phone number Email address	
Member Federation	
Club	
Date of report	

Information about the child or adult to whom the concern relates

Name	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Name(s) of Parents/Carers	
Contact details: Mobile phone number Email address	
Have parents/carers been informed about the incident? If not why not?	
Have any actions been agreed with the parents/carers?	
Any other relevant/useful information about the child or adult	

Details of the concern

Date and time of incident	
Names of other persons involved and any roles they have within athletics	
Nature of concern (sexual/financial/bullying/neglect)	
Provide details of the concern/incident	
Details of any action taken and by whom	
Has the matter been reported to the police or social services? If yes, please provide contact details: Phone number Email address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of the incident/concern provided by child/adult in their own words	
Witness accounts of the incident/concern	
Contact details of Witness: Mobile phone number Email address	

Declaration

Full Name	Signature
Date	

Full Name for Safeguarding Officer

Date