

**INCIDENT REPORT FORM**

Your name:
Your position:
Child's name:
Child's address:
Parents/carers names and address:
Child's date of birth:
Date and time of any incident:
Your observations:
Exactly what the child said and what you said: Remember do not lead the child - record actual details. Continue on separate sheet if necessary
Comments of any third party witnesses:
Action taken so far

<b>External Agencies Contacted (date &amp; time)</b>	
<b>England Hockey</b> Yes / No	Name and Contact Number: Details of advice received:
<b>Police</b> Yes / No	If yes – which: Name and Contact Number: Details of advice received:
<b>Social services</b> Yes / No	If yes – which: Name and Contact Number: Details of advice received:
<b>Local authority</b> Yes / No	If yes – which: Name and Contact Number: Details of advice received:
<b>Other</b> (eg NSPCC)	Which: Name and Contact Number: Details of advice received:

<p>Signature: .....</p> <p>Print name: .....</p>
<p>Date: .....</p>

**N.B.**

**Remember to maintain confidentiality on a ‘*need to know*’ basis – only if it will protect the child.**

**Do not discuss this incident with anyone other than those who need to know.**