The UK EUC Sports Association (EUC UK)

Safeguarding Incident Report Form

Name of person completing form:

_____

_____

Role:

_____

Contact details:

_____

_____

_____

_____

Date and time of incident:

_____

Location:

_____

Name(s) of individual(s) involved:

_____

_____

_____

Details of concern (facts only):

_____

_____

_____

_____

Immediate action taken:

_____

_____

_____

_____

Was the concern reported to emergency services? Yes / No

_____

_____

_____

_____

Reported to (Safeguarding Lead):

_____

Any additional information:

_____

_____

Signature:

_____

Date:

_____