

MSA Safeguarding Incident Reporting Form

Name of club: _____

Date incident reported: _____ Time reported _____

	Person Reporting the Incident	Person Recording the Incident
Name:		
Position in club:		
Knowledge of and relationship to the child:		
Contact address:		
Telephone number(s):	(m) (h)	(m) (h)
Email address:		

Child's Details

First Name		Last name			
Date of birth		Age		Gender	Male / Female:
Ethnicity:		Disability:			
School					
Contact address:					
Telephone Number(s):	(m)	(h)			

Siblings

First Name	Last name

Parent / Carer details

First Name	Last name	Parental responsibility

*NB: Make a clear distinction between what is fact, opinion or hearsay. Remember that you should not lead the person with questions – record **actual** details. Continue on a separate sheet if necessary.*

Incident Details:

Location of incident (if relevant):	Incident Date	Time
Nature of the concern / allegation:		
Detailed information:		
Details of any observations made by you, or to you:		
Risk Rating: Immediate High Medium Low		

Alleged Abuser's Details (if known):		
Name:	Date of birth	Age
Male <input type="checkbox"/> Female: <input type="checkbox"/>	Relationship to child:	
contact address:		
Telephone Number(s): (m)	(w)	(h)
Ethnicity:	Disability:	

Actions taken so far:

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External Agencies contacted

	Police	Social Services	Motor Sports Association	Other
Location name				
Date				
Time:				
Contact Name				
Contact Number				
Details of advice received:				
Incident Number				

I confirm that the details described are accurate to the best of my knowledge and will remain confidential between myself, the Club Safeguarding Officer, the MSA and the statutory child Safeguarding agencies.	
Print name:	
Signed:	Date: