



INCIDENT RECORD FORM

SAFEGUARDING

Confidential

Date	Time	Place of disclosure

Details of person raising the concern or making the allegation

Name
Address
Post code
Home phone mobile
Relationship to child/adult (e.g. friend, family member, advocate etc.). <i>Please state age if this is a child or young person.</i>

Details of the young person/adult involved:

Name	Age	Date of birth
Address		
Post code		
home phone	mobile	

Please refer to the following notes before completing:

- Keep questions to a minimum – obtain sufficient information to only understand what is being said
- Try to distinguish between conjecture, fact and opinion
- State the exact nature of the allegation/alleged impact of the concerns
- Include a description of any physical marks, changes in behaviours and state the location of any injury or bruising
- Note any other indicators on concerns
- Include the person’s account of how these occurred. Let the person tell it in his or her own way
- Ensure relevant dates, times and frequencies are included
- Note any other organisations or individual’s spoken to, e.g. police, social services, CWO, witnesses, parents etc. Include names and contact details
- Ensure the information remains confidential
- Use additional paper if necessary

All allegations, complaints or suspicions of abuse should be recorded as close to the time of the incident as possible. Details of incidents should be recorded in as much detail as possible, and as accurately as possible. Any disclosures of abuse being made by children / young people should be a reflection of what was actually said and/or observed. Do not try and interpret any of the information, just record what was said / witnessed.

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Great Britain Wheelchair Rugby



Names of parents / guardians/carers/advocates, address and telephone numbers of person(s) involved:

Name Address Relationship/role	Home telephone no Mobile Email
Name Address Relationship/role	Home telephone no Mobile Email
Name Address Relationship/role	Home telephone no Mobile Email

Names, ages, telephone numbers and addresses of any witnesses:

Name: Date of Birth/Age: Address:	Home telephone no: Mobile Email:
Name: Date of Birth/Age: Address:	Home telephone no: Mobile Email:

Name and details of person who is cause for concern (if known)

Name: Date of Birth/Age: Address:	Home telephone no: Mobile Email:
Position in Club or GBWR/role (if applicable)	Employment status (if known)
Are they aware of the complaint?	
Important – advice must be taken from the LADO, social care Department or police before allegations are shared with any alleged perpetrator as this may increase risks to the child/young person/adult at risk. This is particularly vital if concerns relate to contact through on-line or new technologies including texts.	

Name, role and contact details of person completing this form:

Name Address	Date of Birth/Age Home telephone no Mobile Email
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Details of the concern, incident or allegation:

Action Taken:

External agencies contacted:

Police	Date:	Name & Contact number: Advice received:
Social Care Services	Date:	Name & Contact number: Advice received:
Local Authority Designated	Date:	Name & Contact number: Advice received:
Other?	Date:	Name & Contact number: Advice received:

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Details of person completing this form. You may be contacted to discuss the content of this report:

Signed	Date
Print Name	
Position	Organisation
Telephone Number(s): Day	Evening

When complete, please post this form, marking your envelope “Private and Confidential – Addressee Only” to:

**GBWR Safeguarding Officer at Rugby House, Twickenham Stadium, 200 Whitton Road,
Twickenham, TW2 7BA**