**Rounders England Incident Report Form – Child and Young Person**

|  |  |
| --- | --- |
| **Child / Young Person’s Details** | |
| First Name |  |
| Surname |  |
| Parents/Carer’s name(s) |  |
| Home address |  |
| Postcode |  |
| Telephone number |  |
| Date of Birth (DD / MM / YYYY) |  |
| Gender | Male  Female  Non-binary  Other (please tell us more)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your gender identity the same as the sex you were assigned at birth? | Yes / No |
| Ethnic Origin |  |
| **Your Details** | |
| First Name |  |
| Surname |  |
| Position: Club |  |
| Home address |  |
| Postcode |  |
| Telephone number |  |
| **Incident Details –** Please provide details of the incident or concerns you have | |
| Date of incident  (DD / MM / YYYY) |  |
| Time of incident  (24 hours) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Venue where the incident took place | |  | | |
| Please detail exactly what was said, if your concerns are the result of a child speaking to you, include date, time and venue: | | | | |
| Have you spoken to the parents? | | Yes\* / No | | |
| \*If yes please provide details of what was said | |  | | |
| Witnesses to the incident | | Yes\* / No | | |
| \*If yes please provide contact details | |  | | |
| Any other relevant Information: | | | | |
| Have you spoken to the child? | | Yes\* / No | | |
| \*If yes please provide details of what was said | |  | | |
| Before speaking to the person the allegations are being made against, please speak with either your Welfare Officer or the Rounders England Lead/Deputy Lead Safeguarding Officer.  If you do speak to the person the allegations are being made against, please provide details of what was said: | | | | |
| Please provide details of further action taken to date:  (Please continue onto a separate sheet if necessary) | | | | |
| Have you informed the statutory authorities? Please provide the name of the person and his/her contact number:  Children’s’ Social Care Services Yes/ No\* Date \_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Police Officer Yes/ No\* Date \_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Your signature: |  | | Print name: |  |
| Date: |  | | Time: |  |
|  | | | | |

**Please return to:**

Rounders England Lead Safeguarding Officer

Rounders England, c/o IR Collins & Co, The Bridge House, Mill Lane, Dronfield, S18 2XL

E: [safeguarding@roundersengland.co.uk](mailto:safeguarding@roundersengland.co.uk)