



**English Federation
of Disability Sport**

Making **active lives** possible

EFDS Safeguarding Incident Report Form

Event Name		Incident Date	
Your Name		Your position	
Your contact information			
Email Address		Contact Number	

Name of child, young person or adult at risk

Name					
Address			Contact Number		
Gender		DOB		Ethnicity	

Parent/Carer Details

Name					
Address					
Email Address			Contact Number		

Have parents/carers been notified of the incident?

Yes: If yes please give		No:	
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details:			
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Are you reporting your own concerns or responding to concerns raised by someone else?

Responding to my own concerns:	
Responding to concerns raised by someone else: (If responding to concerns raised by someone else: Please provide further information)	

Concerned raised by someone else:

Name			
Relationship with child			
Email Address		Contact Number	

Details of the Incident

Time of incident	
Details of the incident or concerns: Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.	

Child, young person or adult at risk account of the incident:	
Please provide any witnesses accounts of the incident:	

Please provide details of any witnesses to the incident:

Name			
Relationship with child		Age if Child	
Email Address		Contact Number	

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

Name			
Relationship with child		Age if Child	
Email Address		Contact Number	

Please provide details of action taken to date:

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Has the incident been reported to any external agencies?

Yes (if yes please provide further details)			No	
Agency				
Contact Person		Email Address / Contact Number		
Agreed action or advice given				

Your Signature:

Please Print:

Date: