AMATEUR BOXING ALLIANCE ENGLAND – Incident report form

Your details

Name:

Position/relation to child:

Phone number:

Address:

Email:

Contact details for welfare officer

Name:

Email:

Phone number:

Child details

Name:

Date of birth:

Sex: M F

Other relevant information about the child: (e.g. mental and physical health, or any other contextual information)

Parent/guardian/carer details

Name:

Have the child's parent(s)/guardian(s)/ carer(s) been informed of the incident?

Phone number:

Yes No

Email:

Additional Information:

Details of the concerns/allegations

Are you reporting concerns raised by: Yourself ☐ or Someone else ☐

If reporting concerns raised by someone else, please provide additional information:

Name:

Position / Related to child

Phone number:

Address:

Email:

Date and time of incident:

Date and time of allegation:

Actions taken to date: (please give details of who else has been informed, including parents where appropriate, and any relevant contact details)

Details of the incident or concern

Details of the concern: (be clear which details are fact and which are speculation. Remember to record any injuries)

Details of who was involved: (include any witnesses and any people who are allegedly involved in the abuse/harm)

What the child said, if applicable: (remember to use their exact words)

Signed:

Date: