INCIDENT REPORTING FORM

Section 1 – Details of Child and their Parent/Guardian:						
Name of Child:						
Male Female	Age: Date of		Date of	f Birth:		
Parents'/Guardian's name(s):						
Home address:			Postcode:			
				Telephone:		
Section 2 – Your details						
Your Name:		Your Position:				
Address:	Date		of Incid	of Incident:		
	Time of Inc		of Incid	dent:		
Tel:						
Section 3 – Your report:						
☐ I am responding to my own concerns ☐ I am responding to concerns raised by someone else. If responding to concerns raised by someone else, give their name, contact details and position in the district						
Please provide details of the incident or concerns you have, including times, dates, place or other relevant information (eg description of injuries, whether you are recording fact, opinion, or hearsay):						

It may not be appropriate to ask for the child's account – instead report the matter straight away. If it is appropriate, or the child is raising the concern with you ensure:				
 You avoid closed questions and ask 	ell other people in order to stop what's happening			
Details of person alleged to have caused	the incident/injury if known:			
	• •			
Name:	Date of Birth/Approx Age:			
Address:				
Contact details of any witnesses to the ir	ncident(s):			
Name:	Tel:			
Address:				
Name:	Tel:			
Address:				
Have you spoken to parents? Y	es No			
If yes, what was said? NB: It may not be	e appropriate for you to speak with parents.			

Have you spoken to the child? Yes No
If yes, what was said? NB: It may not be appropriate for you to speak with the child.
Have you spoken to the person the allegations are being made against? Yes No
If no, DO NOT approach them or let them know you have concerns. If yes, what was said?
Please provide details of any further action taken to date:
Have you informed the statutory authorities? If so, give details of the person you spoke to.
Children's Social Care Yes/No Police Yes/No LADO Yes/No
Name: Contact Number:

Data Protection

The England and Wales Cricket Board will each use the information in this form (together with other information they obtain as a result of any investigation) to investigate the alleged incident, to follow the "Safe Hands Policy" and to take whatever action is deemed appropriate. This may involve disclosing certain information to a number of organisations and individuals including relevant clubs and County Boards, individuals that are subject of an investigation and/or governmental authorities such as the police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.

As the person completing this form, you must notify each person whose information
you include about what will happen to their information and how it may be disclosed
except to the extent that doing so would prejudice either the prevention or detection
of a crime or the apprehension or prosecution of an offender.

Your Signature:	Date:	Time:	
What to do next:			
The contents of this report and a photocopy of this report should be passed to the County			
Welfare Officer			