

Safeguarding Incident Reporting Form

Your information			
Name			
Address			
Contact number(s)			
Email			
Name of organisation		Your role	

Personal information - child or vulnerable person					
Name				Date of birth	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>	
Is there any information about the child/vulnerable person that would be useful to consider?					

Contact information - parent, guardian or carer		
Name(s)		
Address		
Contact number(s)		
Email		
Have they been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed

Incident details*			
Date and time of incident			
Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details:	
Name of person raising concern		Role within the sport or relationship to the child /vulnerable person	
Contact number(s)			
Email			
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)			

* Attach a separate sheet if more space is required (e.g., multiple witnesses)

Incident details (continued)

Child/vulnerable person's account of the incident

Please provide any witness accounts of the incident

Name of witness (and date of birth - if a child)

Role within the sport or relationship to the child /vulnerable person

Address

Contact number(s)

Email

Details of any person involved in this incident or alleged to have caused the incident / injury

Name (and date of birth - if a child)

Role within the sport or relationship to the child /vulnerable person

Address

Contact number(s)

Email

Please provide details of action taken to date

Has the incident been reported to any external agencies?

No

Yes – please provide further details:

Name of organisation / agency

Contact person

Contact number(s)

Email

Agreed action or advice given

Declaration	
Your signature	✕
Print name	
Today's date	

Contact your organisation's Designated Safeguarding Officer in line with the Scottish Karate Council's reporting procedures	
Safeguarding Officer's name	
Date reported	