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**WAKO GB SAFEGUARDING - INCIDENT REPORT FORM**

Your name:	Name of organisation:
Your role::	
Contact information (you):	
Address:	Postcode:
Telephone numbers:	Email address:
Child's name:	Child's date of birth:
Child's ethnic origin: <i>Please state</i>	Does child have a disability: <i>Please state</i>
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent's / carer's name(s):	
Contact information (parents/carers):	
Address:	Postcode:
Telephone numbers:	Email address:
Have parent's / carer's been notify of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i>	
Name:	
<i>Position within the sport or relationship to the child:</i>	
Telephone numbers:	Email address:
Date and times of incident:	
Details of the incident or concerns: <i>Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.</i>	

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<p><b>Safeguarding</b> safeguarding@wakogb.com</p>		<p><b>WAKO GB</b> 94 Ray Mill Road West Maidenhead Berks SL6 8SL +44 (0)1628 415923 +44 (0)7768 726869</p>



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Child's account of the incident:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

*Name:*

*Position within the club or relationship to the child:*

*Date of birth (if child):*

*Address:*

*Postcode:*

*Telephone number:*

*Email address:*

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

*Name:*

*Position within the club or relationship to the child:*

*Date of birth (if child):*

*Address:*

*Postcode:*

*Telephone number:*

*Email address:*

Please provide details of action taken to date:

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<p>Has the incident been reported to any external agencies?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If YES please provide further details:</p> <p><i>Name of organisation / agency:</i></p> <p><i>Contact person:</i></p> <p><i>Telephone numbers:</i></p> <p><i>Email address:</i></p> <p><i>Agreed action or advice given:</i></p>

<b>Your Signature:</b>		<b>Print name:</b>	
<b>Date:</b>			

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