



WELSH CROWN GREEN BOWLING ASSOCIATION

INCIDENT REPORT FORM

If any concerns are expressed to you regarding the treatment of any junior or vulnerable adult, please use this form to record all the details of the incident and the people who are expressing concern.

Details of the Person completing the Form

Name

Club

Position
(CPO, Coach, Club official, volunteer, parent, guardian etc)

Full Address (including Post Code)

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Contact No

Name of person who raised concern.....
(if different from above)

Details of the Person Concern is attributed to

Name

Position

Club Name

Relationship to alleged victim

Details of Alleged Victim

Name

Club

Date of birth Age at time of incident (s)

Details of parent Guardian/Carer (Inc Address)

.....

..... Post Code.....

Contact Number of parent/guardian/care.....

Any identified special needs or disability of individual concerned

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Details of incident

Date(s) or period (if over a drawn out period) of the incident

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Description of the incident/s (please include as much detail as possible. If a child or vulnerable adult has talked to you, write down the exact details of the conversation, remembering not to lead the individual. Please include any other information including location, number of incidences, any other relevant details etc. Please continue on a separate sheet is necessary)

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Any actions taken

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Please indicate if you are in contact with any other bodies concerning this incident and include any contact names, addresses and telephone numbers if necessary.

Social Services.....

Police.....

Other

Any additional information

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Signed

Position

Date