

INCIDENT & CONCERNS REPORT FORM

This form will be used by members of staff or volunteers to record (1) disclosures or suspicions of abuse or (2) concerns of poor practice.

The competed form should be sent to the Safeguarding Officer dealing with the concern.

GB Taekwondo Safeguarding Officers:				
Mary Brownlow	Steve Green			
Mobile: 07889 538 902	Mobile: 07540 711 788			
Email: safeguarding@gbtaekwondo.co.uk	Email: safeguarding@gbtaekwondo.co.uk			
Your name:	Your position:			
Place of work:	Contact tel no(s):			
(1) Disclosure or suspicion of abuse:				
The child's details :				
Name:				
Address/phone number:				
Date of birth:				
Other relevant details about the child:				
E.g. family circumstances, physical and mental hea	lth, any communication difficulties.			
Parent/guardian/carer details:				
, ,				
Details of the allegation/suspicion:				
Are you recording (please delete as appropriate):Disclosure made directly to you by the child?	Yes / No			
 Disclosure made directly to you by the crima! Disclosure or suspicion from a third party? 	Yes / No			
 Your suspicions or concerns? 	Yes / No			
- Total Suspicions of concerns:	1637 110			
Date and time of disclosure:				



Date and time of incident:
Details of the allegation/suspicion:
State exactly what you were told/observed and what was said. Use the person's own words as much as possible
Action taken so far:



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Safeguarding Officer contacted (Time/Date):			
Signed:		Date:	
(2) Concern of Poor Practice:			
(-)			
The person's details :			
Name:			
Details of the concern:			
Are you recording (please delete as appropriate):			
Concern made directly to you?	Yes / No		
Disclosure or suspicion from a third party?Your concerns?	Yes / No Yes / No		
Your concerns? Date and time of disclosure:	Yes / No		
Date and time of disclosure.			
Date and time of concern:			
Details of the concern:			
State exactly what you were told/observed and/or said.			



Action taken so far:		



Safeguarding Officer contacted (Time/Date):				
Signed:		Date:		
Received (time/date):	Signed:			
Action Taken:				
Referred to Police/Statutory Agency:	Name:	Contact No:		
Author (Sheila Medici/Shelley Stout): 24/04/13 Updated: 11/06/15 Updated: 23/09/15 re safeguard contacts				
Opuateu. 23/03/13 Te Salegualu Collacts				