



INCIDENT REPORT FORM

In the event of an incident, the following procedure should be followed (For incidents involving Children please use the Safeguarding Incident Report Form, SCF 04):

- Contact Emergency Services/Relevant Authorities if required;
- For all incidents, complete two copies of this form, keep one copy of the form in the incident book and forward one copy to organisation's secretary;

Organisation Information(Club/County/Region etc)	
Organisation Name:	
Name of Official in attendance:	Positon:
Address	
Telephone Number:	Mobile:
E-mail address:	

Person(s) involved in incident or alleged to have caused the incident: (use separate sheet if necessary)		
Name:	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		
Telephone Number:	Mobile:	
E-mail address:	Position in Club:	

Incident Information:	
Are you reporting your own concerns or responding to concerns raised by someone else?	
My own concerns <input type="checkbox"/>	Other persons details:
Someone else's concerns <input type="checkbox"/>	
What Happened?	
Where did it happen? (location and address)	
How did it Happen?	
When did it happen? (time and date)	
When was it reported? (time and date)	
Who was it reported to?	Tel/Mob No:
Who was it reported by?	Tel/Mob No:

Appendix L to the Archery GB Safeguarding Children and Young People Policy
SCF 03 – Incident Report Form

Witness Details	
Any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Witness name and contact details: Witness 1 Witness 2 Witness 3

Incident Notification	
Has the incident been reported to any external agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which Agency was it reported to? When was it reported? Time & Date: Who reported it? Name & Contact details: Agreed Actions/Advice given:

Follow up actions	
Recommended follow action:	
Club/County/Region Secretary informed? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? Time & Date: By Whom? Name & Contact details:
Archery GB Membership Services informed? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? Time & Date: By Whom? Name & Contact details:
Have those involved returned to the sport? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, why not? Is further action required to encourage them back into the sport?

Individual Completing the Form			
Signature	Print Name	Position	Date
Organisation Official (Committee Member)			
Signature	Print Name	Position	Date



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