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| A close up of a logo  Description automatically generated | **Safeguarding Concern / Incident Form** |
| Use this form to record any safeguarding concern, however trivial. Forward it **immediately** to the Goalball UK Safeguarding lead officer.  |
| Answer every question; continue on a blank sheet if necessary. |
| **About You (the person filling in this form)** |
| Name |  | Job title |  |
| Home Address |  | Date  |  |
| Email Address |  | Phone  |  |
| **Details of person at risk** |
| Name |  | DOB: |  |
| Home Address |  | Age: |  |
| Email Address |  | Phone  |  |
| **Details of adult/child against whom the allegation is made** |
| Name |  | Job title / Position |  |
| Home Address |  |
| Email Address |  | Phone  |  |
| **About the safeguarding concern / incident** |
| Date of incident: |  |
| Place of incident: |  |
| Are you reporting your own concern, or one raised by someone else? |  |
| If you are raising a concern made by someone else, please provide their full name, status and contact details |  |
| Please provide details of the concern you have including dates, times, descriptions of events, full names and whether the information is first-hand or the accounts of others |  |
| The person at risk’s account (if applicable). ***Include what they want the outcome to be*** |  |
| Provide details of the person causing harm (if known) |  |
| Provide details of any witnesses to the concern |  |
| Provide details of any previous incidents or concerns relating to this person (if known)  |  |
| **Actions:** Please state the immediate actions you took in response to the concern: |
|  |
| **People contacted** |
| **Give details below of any people outside Goalball UK that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:** |
|  |
| **Declaration:** I have completed all sections of this form to the best of my knowledge |
| Signature |  |