



## Safeguarding Incident Report Form

*Confidential (when complete)*

### Incident Type

Incident type (As reported): Sexual abuse <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Bullying <input type="checkbox"/> Racial <input type="checkbox"/> Inappropriate behaviour via technology <input type="checkbox"/> Other (specify.....). <input type="checkbox"/>
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Date referred to insurers:	Date closed by insurers:
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### Details of person subject to concern

Name:	Archery GB Membership No:
Address:	
D.o.B:	Age:
Club:	Role/Post:
County:	Region:

### Summary of key facts:

Evidence:
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Name of witnesses and their role in the case:
1.
2.
3.

### Referral

Referred to statutory authorities: Yes <input type="checkbox"/> No <input type="checkbox"/>	Which authorities (list):
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Outcome of referral:
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