### SAFEGUARDING INCIDENT REPORT FORM CONFIDENTIAL

Please return this form within 48 hours of the incident.		Date of completion:			
		R	eceived by:		
<b>Person Completing T</b>	his Form:		,		
(this is the person reporting to the Sa	feguarding Officer)				
Your Name:		Role/Position:			
Address (inc town, cou	nty & post code):				
Phono numbers (inc. m.	ahila).	e-mail address:			
Phone numbers (inc mo	Julie).	e-man audress.			
Name and Contact De	etails of Person Makin	g The Allegation (if dif	ferent from above):		
Name		Role/Position:			
Address (inc town, cou	nty & post code):				
Phone numbers (inc me	obile):	e-mail address:			
Name and Oamtest D	taile af Minding Obile				
	etails of Victim - Child	or vuinerable Adult:			
(please use another sheet if there is more than one victim)  Name:		Club or Organisation:			
		January Gameran			
Address of Parent/Guardian/Carer:		Position at Organisation (participant /volunteer):			
Dhana numbara (ina mahila).		e-mail address:			
Phone numbers (inc mobile):		e-man address.			
Other useful information:		Ethnicity:	Disability(ies):		
D ( (D) ()					
Date of Birth:	Age: (at time of incident)	Gender:			
	1				

Name and Contact De	etails of ALLEGED PE	RPETRATOR (if kno	own):		
Name		Club, Role or Organisation:			
Address (inc town, cou	nty & post code):	Position in Organisa	ation (eg coach):		
Phone numbers (inc mobile):		How long have they held this position?			
Age:	Gender:	e-mail address:			
Relationship of accused to the victim/child/vulnerable adult:					
Is the accused a member	of staff?				
Is the accused a member of paid or voluntary staff?					
Do they hold a current CF	RIMINAL RECORDS CHEC	CK?			
Are they a qualified coacl	h or referee?				
Does the accused hold ar	•				
Does this person work in other clubs, teacher, scor			s (eg. performance teams, ase give details:		
The Allegation/Incide	nt:				
Date of Incident:	111.	Time of incident:			
Where incident took pla	ace (e.g. club name):	Where incident took place (e.g. astroturf pitch):			
Witness 1: Name and Contacts		Witness 2: Name and Contacts			
Witness 3: Name and Contacts		Witness 4: Name an	d Contacts		

How would you briefly describe or categorise the incident? (eg bullying, physical abuse, assault, intervention in a fight etc.)				
What happened? Please detail the incident as you saw it or how it was reported to you:				
If incident occurred during a match a referees contact details of the referee together with a co		Y/N		
Referees Name	Referees Contact details:			
If Child/Vulnerable Adult spoke to you directly, by them. (Remember do not lead or question the	•	sused		

Action taken by you or others so far:							
Have you or anyone else from the club taken any action (e.g. suspended the accused, etc)?							
Have you contacted a Safeguarding Officer?							
If so, who and when?							
If yes, then please state when and how (below):							
FA or FL contacted?	Police Contacted?	Social Services?		ces?	Other (eg NSPCC)?		
	Crime Number:						
By whom?	By whom?	By whom?			By whom?		
EA / EL D. ( . 'I.	D.P L.C.P.	0 110 1 11		1.4.9.	0		
FA / FL Details:	Police details:	Social Services details:		es details:	Contact details:		
Please sign here (if paper copy) to confirm your				Date completed:			
statement as a true and accurate account:				Date comp	netea:		

Please return this form to **Zoe Denman-Ellis - zoe.denman-ellis@wrexhamafc.co.uk** and/or **John Widdowson - john.widdowson@wrexhamafc.co.uk**