

VERMONT JUNIOR FOOTBALL CLUB SAFEGUARDING CHILDREN AND YOUNG PEOPLE INCIDENT REPORT FORM



Incident details

Club Name:	
Date of incident:	
Time of incident:	
Location of incident:	
Date Identified (if different)	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	
	If you believe a child is at immediate risk of abuse phone 000.

Please categorise the incident

- Physical violence
- Sexual offence
- Sexual misconduct
- Serious emotional or psychological abuse
- Serious neglect
- Grooming
- Breach of the Child Safe Code of Conduct
- Reportable Conduct inappropriate behaviour

Make Selection	Comments

Please describe the incident

Overview:	
When did it take place and what were the circumstances:	
Who was involved?	

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What did you see if present / hear?	
Other information:	

Does this incident involve discrimination based on any of the following:

- Race? No / Yes
- Gender? No / Yes
- Sexual orientation? No / Yes
- Religious or cultural beliefs? No / Yes
- Other? No / Yes (Please state): _____

Details of person reporting the incident:

Name of person reporting the incident:	
Department of reporter (if/where applicable):	
Contact Details of reporter:	

Office/Club use:

Date incident report received:		
Staff member managing incident:		
Incident ref. number:		
Has the incident been reported?	Date Notified	Comments
Child protection		
Police		
Another third party (please specify):		