



## 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?<br>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?<br>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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    | When? Time & Date:  |
|   | By Whom? Name & Contact details:                                  |
| Archery GB Membership Services informed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | When? Time & Date:  |
|   | By Whom? Name & Contact details:                                  |
| Have those involved returned to the sport<br>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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