Guildford Thunder Korfball Club

Safeguarding Children and Vulnerable Adults Procedures

Reporting Form

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| Name of person reporting: |
| Date: |

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| Nam: | Date of Birth: |

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| Details of concern, please describe the issue fully including dates, name, reported allegation, observations of behaviour, injuries etc. |

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| Action taken: |

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| Signature if person completing form:  Date: |

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| Action taken:  Referred to police Yes/No  Referred to Social Care Yes/ No  Signed Date: |