



PERTON & CODSALL UNITED INCIDENT REPORT FORM

Incident: _____
Date: _____ Completed by: _____

Name of Alleged Young Person Concerned: _____	
Age: _____ (At time of incident)	Date of Birth: _____
Team/ Manager: _____	Contact details: _____
Gender of player: Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnic Background: _____ (if known)
Contact: _____ (Name and address of parent/carer)	Telephone No: _____
Other club involved: _____ (Name/ address/ number)	
Name of person who originated concern and contact details: _____ (if different from person logging this report)	
Relationship to alleged victim: _____	Relationship to accused: _____

Attachments included: Yes No

Summary of Incident:

(please write a summary of the event including any witnesses, and include their summaries as well)

For Completion by the Child Welfare Officer.....

Case Name: _____

Initial Action Recommended or Taken:

Timeframes Agreed/Proposed: _____

Additional Comments:

Prime Concern:

	Sexual	Physical	Emotional	Neglect	Bullying
Actual:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Date: _____

Print Name: _____