Incident reporting form

|  |  |  |  |
| --- | --- | --- | --- |
| **Your information** | | | |
| Name |  | | |
| Address |  | | |
| Contact number(s) |  | | |
| Email |  | | |
| Name of organisation |  | Your role |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal information** | | | | | |
| Name |  | | | Date of birth |  |
| Genderi | Male   | Female   | Non-binary   | Another description (please state)   | |
| Is there any information about the child that would be useful to consider? | | | | | |

Note: The gender field is optional. If you encounter any software limitations that prevent this field from being optional,

please inform the WSRA by emailing [safeguarding@rifle.wales](mailto:safeguarding@rifle.wales). This will help us identify and resolve any system restrictions.

|  |  |  |
| --- | --- | --- |
| **Contact information** | | |
| Name(s) |  | |
| Address |  | |
| Contact number(s) |  | |
| Email |  | |
| Have they been notified of this incident? | No   | Please explain why this decision has been taken |
| Yes   | Please give details of what was said / actions agreed |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Incident details\*** | | | | | |
| Date and time of incident | |  | | | |
| Please tick one: | * I am reporting my own concerns. | | * I am responding to concerns raised by someone else – please fill in their details: | | |
| Name of person raising concern | |  | | Role within the sport or relationship to the child |  |
| Contact number(s) | |  | | | |
| Email | |  | | | |
| Location of concern | |  | | | |

Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)

\* Attach a separate sheet if more space is required (e.g. multiple witnesses)

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| --- | --- | --- | --- | --- | --- | --- |
| **Incident details (continued)** | | | | | | |
| Account of the incident | | | | | | |
| Please provide any witness accounts of the incident | | | | | | |
| Name of witness (and date of birth, if a child) |  | | Role within the sport or relationship to the child | | |  |
| Address |  | | | | | |
| Contact number(s) |  | | | | | |
| Email |  | | | | | |
| Details of any person involved in this incident or alleged to have caused the incident / injury | | | | | | |
| Name (and date of birth, if a child) |  | | Role within the sport or relationship to the child | | |  |
| Address |  | | | | | |
| Contact number(s) |  | | | | | |
| Email |  | | | | | |
| Please provide details of action taken to date | | | | | | |
| Has the incident been reported to any external agencies? | | | | * No | * Yes – please provide further details: | |
| Name of organisation / agency | |  | | | | |
| Contact person | |  | | | | |
| Contact number(s) | |  | | | | |
| Email | |  | | | | |
| Agreed action or advice given | | | | | | |

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| --- | --- |
| **Declaration** | |
| Your signature |  |
| Print name |  |
| Today’s date |  |

|  |  |
| --- | --- |
| Contact your organisation Designated Safeguarding Officer in line with  **Welsh Smallbore Rifle Association** reporting procedures | |
| Safeguarding Officer’s name |  |
| Date reported |  |

# Please email your completed form to:  [safeguarding@rifle.wales](mailto:safeguarding@rifle.wales)

# If you need immediate support contact:

**NSPCC Helpline:** If you're worried about a child, even if you're unsure, contact the NSPCC professional counsellors for help, advice and support.

# The helpline is open every day. Call **0808 800 5000** or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**If you think a child is in immediate danger, call the police.**