

Safeguarding Incident Log

Date of Report:
Time of Report: Click here to enter text.

Details of Athlete /Volunteer involved	
Name: Click here to enter text.	Gender: Click here to enter text.
DOB: Click here to enter text.	Age: Click here to enter text.
Name of other personnel or agencies involved with the athlete i.e. service/ school/ work they attend	
Address: Click here to enter text.	
Contact Number:	
Athlete /Volunteer Emergency Contact Details	
Name: Click here to enter text.	
Address: Click here to enter text.	
Contact Number: Click here to enter text.	

Regional/Delegation Details
Name:
Address: Click here to enter text.
Contact Number: Click here to enter text.

Details of Person Reporting the Concern
Name:
Address:
Contact Number: Click here to enter text.
Role within Special Olympics: Click here to enter text.

Details of concern
What is reported? Details include details of concerns, allegations inclusive of who was present, description of any injuries Click here to enter text.
Who has reporter discussed concern with i.e. athletes family other club members etc.: Click here to enter text.

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Details of person/s allegedly causing concern to athlete/volunteer	
Name:	Click here to enter text.
Address:	Click here to enter text.
Contact Number:	Click here to enter text.
Role within Special Olympics:	Click here to enter text.

Incident Log	
Click here to enter a date.	

Action Taken	
Follow up Action	
Outstanding Actions	

Incident Outcome	
Open	<input type="checkbox"/>
Closed	<input type="checkbox"/> Date closed Click here to enter a date.

Details of person completing this form	
Name:	
Address:	
Contact Number:	
Role within Special Olympics:	