**INCIDENT REFERRAL FORM**

**DETAILS OF REPORTER OF INCIDENT:**

|  |  |
| --- | --- |
| Name:  |  |
| Club and position:  |  |
| Contact telephone number(s) |  |

**DETAILS OF CHILD:**

|  |  |
| --- | --- |
| Name:  |  |
| Basketball Club: |  |
| Address:  |  |
| Parents address (if different) |  |
| Date of birth: |  |
| Ethnicity and Disability (if known):  |  |

|  |  |
| --- | --- |
| Date and time of any incident:  |  |
| Your observations:  |  |
| Exactly what the child said:  |  |
| Action taken so far:  |  |
| Name & contact details of any witness(es) |  |

Have you? (tick as appropriate)

* Reassured the young person
* Been honest and not made promises you cannot keep
* Explained why you may have to tell other people in order to stop what’s happening
* Avoided closed questions and asked as few a questions as possible
* Encouraged the child to use their own words