



Safeguarding Adults Reporting Form

Club Name:

Date:

Incident Reported By:

Role/Position:

Contact Information:

1. Details of the Concerned Adult(s):

- **Name of Adult:**
- **Age (if known):**
- **Gender (if relevant):**
- **Contact Information (if known):**
- **Any special needs or vulnerabilities (if known):**

2. Details of the Incident/Concern:

- **Date and Time of Incident:**
- **Location of Incident:**
- **Brief Description of the Incident/Concern:**

(Include details such as what happened, who was involved, and any actions that took place. Please be specific and factual.)

3. Witnesses (if applicable):

- **Name(s) of Witness(es):**
- **Contact Information of Witness(es):**
- **Details of Witness Statement(s):**

4. Action Taken (if any):

- **Immediate Actions Taken to Ensure Safety (if any):**
(e.g., removing the individual from the situation, contacting a manager, etc.)

- **Further Actions Recommended:**
(e.g., further investigation, involvement of external authorities, etc.)

5. Reporting to Safeguarding Lead/Relevant Authorities:

- **Name of Safeguarding Lead/Club Officer Notified:**
- **Date/Time of Notification:**
- **Action Taken by Safeguarding Lead (if any):**

- **Follow-Up:**
- **Date of Follow-Up:**
- **Outcome of Follow-Up (if applicable):**

- **Signature:**
- **Signed By (Person Completing the Form):** _____
- **Date:** _____