

**Braintree Bowmen
Child Protection Incident Form**



Please complete as much of this form as possible. Be as accurate as possible with names, dates, times, etc. If you are completing this form on behalf of the child, do not pressure them for details.

Child	Parent / Guardian
Name	Name
Address	Address
Childs date of birth	Relationship between child and parent/guardian
Childs sex	
Childs ethnic origin	
Other relevant information (e.g. disabilities / medical conditions)	
Where did incident take place	
Date / time of incident	

ALL INFORMATION ON THIS FORM MUST BE TREATED WITH THE STRICTEST CONFIDENTIALITY. ONLY DISCUSS THE INCIDENT WITH THOSE WHO NEED TO KNOW.

**Braintree Bowmen
Child Protection Incident Form (cont.)**



Name & address of person allegation is made against

Details of witnesses

Describe fully your conversation with the child

Action taken so far (including contact names/numbers)

The person completing this form **MUST** complete the details below and pass it to the Child Protection Officer / Deputy Child Protection Officer immediately:

Name: _____

Signed: _____

Date: _____