

NAME:	POSITION:
DATE:	LOCATION:

NOTE: Please write only facts and avoid interpretation.  
Include times, dates and locations wherever possible.  
Include names and details of all individuals involved.

CONCERNS: Describe your concerns and who they are about. (Child or Adult)

Where and when did the above take place?

Does anyone else know about the incident? Did anyone else see, hear or make comment?

Are these your concerns or a third party's? (if the latter, please provide name and details of third party)

ACTIONS: Have you informed the Club CPO/person with responsibility to the child? YES NO

- If YES, please state what they said. If NO, please state why not.

NOTE: If you have any written statements from the child involved/third party, please attach these to this document, clearly labeled with name, contact, position and relationship to child.

Signed:	Date:
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Please return this form to the SVA 's Lead Child Protection Officer.