

# Incident / Accident Reporting Form

**SG08 - ACH**

Safeguarding Children Diocese of Achonry

1. Name of Church organisation:

Venue/Activity/Group/Event:

Date/Time:

Name of Group Leader/person responsible:

Names of others present:

2. Location of Incident:

Nature of Incident:

Name of Child/Young Persons involved:

Contact details of parents/guardians:

Telephone No:

Date(s) of Birth:

Give details of Incident/Accident:

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3. Action taken both during and following incident:

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4. Date and time of people contacted:

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5. Other relevant information:

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6. Signed: \_\_\_\_\_ 7. Dated: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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Any Follow –up Action required?

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Signed

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Dated: \_\_\_\_\_