**Incident Report Form**

This Safeguarding Incident Report Form may be used to provide information to World Rugby in relation to potential safeguarding concern(s).

This form should be returned by email to the following address: confidential@world.rugby

Please provide as much information as you can/wish to. Please note that anonymous reporting is possible but may restrict or prevent the proper investigation of incidents.

|  |  |
| --- | --- |
| Name of the person completing this form: |  |
|  |  |
| Date and time of completing this form: |  |
|  |  |
| Your position or relationship to the person(s) about whom you are raising this safeguarding concern: |  |
|  |  |
| Your e-mail address: |  |
|  |  |
| Your Address and Phone number: |  |
|  |  |
| Name(s) of person(s) to whom the safeguarding concern or incident relates: |  |
|  |  |
| Address (if known) of person(s) about whom you are raising this safeguarding concern: |  |
|  |  |
| Telephone number (if known) of person(s) about whom you are raising this safeguarding concern: |  |
|  |  |
| Age and Date of Birth of alleged victim (if known and any other information relevant to the report (e.g. gender, ethicity, any disability etc): |  |
|  |  |
| Facts about the incident: What have you seen or heard (please include dates, times, places etc) |  |
|  |  |
| What has the alleged victim/person reporting the concern said to you about this issue? (please continue on another sheet if required) |  |
|  |  |
| Any other relevant information: |  |
|  |  |
| Action taken so far: |  |
|  |  |
|  |  |
| Public agencies contacted (please complete below): |  |
|  |  |
| Police - yes/no |  |
|  |  |
| Name and contact number: |  |
|  |  |
| Details of advice received: |  |
|  |  |
| Child/Adult Protection service - yes/ no |  |
|  |  |
| Which? |  |
|  |  |
| Name and contact number: |  |
|  |  |
| Details of advice received: |  |
|  |  |
| Local Authority - yes/no |  |
|  |  |
| Which? |  |
|  |  |
| Name and contact number: |  |
|  |  |
| Details of advice received: |  |
|  |  |
| Other - yes/no |  |
|  |  |
| Which? |  |
|  |  |
| Name and contact number: |  |
|  |  |
| Details of advice received: |  |
|  |  |
| Signature: |  |
|  |  |
|  |  |