

# Safeguarding Reporting Form

### **Instructions**

#### **Completion instructions**

This form is designed to report any safeguarding incidents or concerns at a UWW Event. Once completed it must be submitted as per the organisation's reporting protocols. In an emergency please do not delay in informing the police or social services.

#### This form has 5 sections focusing on the following:

- 1. Person receiving the report/disclosure.
- 2. Information about the victim/survivor.
- 3. Information about the alleged perpetrator/subject of complaint.
- 4. Basic information about the incident, more details will be taken in a more secure manner, and during any case management or investigation stage. Persons making reports should not be pushed on details that they cannot remember.
- 5. Key contact persons, including witnesses.

## **Best practice notes for users**

- I. This form and the data contained within it is **CONFIDENTIAL**. Only essential authorised personnel those who 'Need to Know' should have access.
- II. Take care not to retraumatise victim/survivor or witnesses to incidents by asking them unnecessary or unclear questions or making them repeat themselves.
- III. **Do not promise anything, including a particular outcome from reporting.** If you do not have the answer, tell them so.
- **IV.** If the victim/survivor is a <u>minor</u>, they should have an adult of their choosing accompanying them.
- **V.** Informed consent/survivor-centred approach: Help victim/survivors, including children, make empowered and informed decisions for themselves. The <u>survivor-centred approach</u> is vital to healing and is an essential part of their recovery.
- VI. Provide support and practice non-judgmental language when receiving a disclosure directly from a victim/survivor.



1. Details of person receiving the re	port/disclosure				
Date/time report received					
Name and designation of staff member					
Reporting channel used	Face-to-Face □	Phone □	Email□	Other□	
2. Details of the person at risk/affecte	d/allogod victim				
Full name	d/alleged victilii				
Age (D.O.B)					
Gender					
Nationality					
Mobile					
Email					
Address					
In case of a minor, accompanied by parent(s)/guardian(s)					
Name					
Relationship to the person affected					
Contact					
Address					
3. Alleged Perpetrator(s)/Subject of Co	omplaint				
Full name (if known)					
Gender					
Age (if known)					
Nationality (if known)					
Relationship to the alleged victim					
Contact (if known)					
Adress (if known)					



4. Details of the incident (please describ	oe in detail using only the facts)
Date/time (to best of recollection)	
Location	
What happened? Description of the inc	cident or concern.



5. Other present or potential witnesses			
Name			
Contact			
Address			
Additional rele	vant information (please detail anything else that may be helpful or important)		
1			
I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter.			

Print Name

Signature

Date & Place