

SWAY BOXING GYM - SAFEGUARDING CONCERN REPORT FORM

CONFIDENTIAL

Name of person completing form: _____

Role: _____

Date: _____

Child / Young Person Details

Name: _____

Age: _____

Parent/Guardian: _____

Details of Concern

Date/Time: _____

Description:

Witnesses

Action Taken

Reported To

Welfare Officer / Club Director / Police / Children's Services

Signature: _____