



# INCIDENT REPORT FORM

## Incident Report Form

Your information			
Name			
Address			
Contact number(s)			
Email			
Name of organisation		Your role	

Personal information – child / young person					
Name				Date of birth	
Gender <sup>i</sup>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>	
Is there any information about the child that would be useful to consider?					

Contact information – parent / carer		
Name(s)		
Address		
Contact number(s)		
Email		
Have they been notified of this incident?	No <input type="checkbox"/>	Please explain why this decision has been taken
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed

Incident details*			
Date and time of incident			
Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details:	
Name of person raising concern		Role within the sport or relationship to the child	
Contact number(s)			
Email			
Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)			

\* Attach a separate sheet if more space is required (e.g. multiple witnesses)

Incident details (continued)

## Incident Report Form

Child's account of the incident			
Please provide any witness accounts of the incident			
Name of witness (and date of birth, if a child)		Role within the sport or relationship to the child	
Address			
Contact number(s)			
Email			
Details of any person involved in this incident or alleged to have caused the incident / injury			
Name (and date of birth, if a child)		Role within the sport or relationship to the child	
Address			
Contact number(s)			
Email			
Please provide details of action taken to date			
Has the incident been reported to any external agencies?		<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide further details:
Name of organisation / agency			
Contact person			
Contact number(s)			
Email			
Agreed action or advice given			

Declaration	
Your signature	<input checked="" type="checkbox"/>
Print name	
Today's date	

Contact your organisation's Designated Safeguarding/Liaison Officer in line with Mountaineering Ireland's reporting procedures	
Safeguarding/ Liaison Officer's name	
Date reported	

Any other comments/details: