

## SAFEGUARDING CONCERN REPORTING FORM

| Your information                                         |  |
|----------------------------------------------------------|--|
| Name                                                     |  |
| Role (Official/coach/parent)                             |  |
| Contact details:<br>Mobile phone number<br>Email address |  |
| Member Federation                                        |  |
| Club                                                     |  |
| Date of report                                           |  |

| Information about the child or adult to whom the concern relates      |                                                                                              |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Name                                                                  |                                                                                              |
| Date of birth                                                         |                                                                                              |
| Gender                                                                | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Name(s) of Parents/Carers                                             |                                                                                              |
| Contact details:<br>Mobile phone number<br>Email address              |                                                                                              |
| Have parents/carers been informed about the incident? If not why not? |                                                                                              |
| Have any actions been agreed with the parents/carers?                 |                                                                                              |
| Any other relevant/useful information about the child or adult        |                                                                                              |

| Details of the concern                                                   |  |
|--------------------------------------------------------------------------|--|
| Date and time of incident                                                |  |
| Names of other persons involved and any roles they have within athletics |  |



BULGARIAN  
ATHLETIC  
FEDERATION

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|                                                                                                                                                |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Nature of concern<br>(sexual/financial/bullying/neglect)                                                                                       |                                                          |
| Provide details of the concern/incident                                                                                                        |                                                          |
| Details of any action taken and by whom                                                                                                        |                                                          |
| Has the matter been reported to the police or social services?<br><br>If yes, please provide contact details:<br>Phone number<br>Email address | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Details of the incident/concern provided by child/adult in their own words                                                                     |                                                          |
| Witness accounts of the incident/concern                                                                                                       |                                                          |
| Contact details of Witness:<br><br>Mobile phone number<br>Email address                                                                        |                                                          |

### Declaration

Signature.....  
Name.....  
Date.....

Safeguarding Officer .....  
Date.....