

BiG incident, accident and allegation report form

Name of person in charge of session/activity

Site where incident/accident/allegation took place

Date of incident / accident / allegation

Name of young person injured / involved

Address of young person injured / involved





Nature of incident / injury and extent of injury

Give precise details

If incident, describe where incident took place, what activity was taking place, for example training / game / Getting changed. If allegation, exactly what was discussed

Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Were any of the following contacted?

	CYPS ¹ Duty team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Parents/carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What happened to the injured person following the incident/accident/allegation?

E.g., carried on with session, went home, went to hospital, went with social services etc.

All of the above facts are a true record of the accident / incident / allegation

Signed:

Date:

Name:

¹ Children and Young People's Services