ECB Incident/Concern Reporting Form: Private & Confidential

| Section 1 Details of the child and their parent/carer: | | | | | |
|---|---|--|---|--|--|
| Name of Child: | | | | | |
| Sex: ☐ Male ☐ Female | Age: | | DoB (if known): | | |
| Parent/carer's name(s): | | | | | |
| Home address (including postcode): | | | | | |
| Telephone: | | | | | |
| Email (if known): | | | | | |
| Section 2 Your Details: | | | | | |
| Your name & contact details | Your position (eg Welfare Officer, parent, coach or other role) | | Date & time of Incident/period of concerns: | | |
| Tel: Email: | | | | | |
| | | | | | |
| Section 3 Your report: | | | | | |
| I am: ☐ Responding to my own concerns ☐ Responding to concerns raised by someone else | | If responding to concerns raised by someone else, please provide their name & position within the club (if known): | | | |
| Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the account of others, including any other relevant details: | | | | | |
| The child's account, if it can be given, of what has happened and how: | | | | | |
| Please provide details of anyone alleged to have caused the incident or to be the source of any concerns: | | | | | |

| Please provide details of any witnesses to the incident(s) / anyone who shares the concerns | | | | |
|---|--|--|--|--|
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| Concerns about an adults behaviour | | | | |
| If your concern is about the behaviour of an adult or adults, in respect of children, please provide information here. Please include as much information as possible, including whether you are reporting known fact, opinion or hearsay. (Please note it is acceptable to provide opinion so long as this is identified as such): | | | | |
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| Any other relevant information: | | | | |
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| | If yes, please details of what was said: | | | |
| Have you spoken to the parents? ☐ Yes | | | | |
| □ No | | | | |
| | If yes, please details of what was said: | | | |
| Have you spoken to the child? ☐ Yes ☐ No | | | | |
| Have you spoken to the person about whom the allegation is made / the concern is being raised? | If yes, please details of what was said: | | | |
| IF NOT, DO NOT | | | | |
| ☐ Yes ☐ No | | | | |
| *Please DO NOT approach them | | | | |

| As far as you are aware, is the individual aware of the allegation / concern? | | | | | |
|--|--------------------|----------------------|---|--|--|
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| | | | | | |
| Please provide details of any action to date: | | | | | |
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| | | | | | |
| Have you informed the statutory authorities? | | | Please provide the name of the person and his/her contact number / email address: | | |
| Children's Social Care: | Police: | LADO: | | | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | □ Yes □ No | | | |
| The Club, the relevant County Board(s) and the England and Wales Board Limited (ECB) will each use the information in this form (together with other they obtain as a result of any investigation) (together "Information") to investigate the alleged incident, to follow the "Safe Hands – Cricket's Policy for Safeguarding Children" and to take whatever action to deemed appropriate. This may involve disclosing certain information to a number of organisations and individuals including relevant clubs and County Boards, individual s that are the subject or an investigation and/or governmental authorities such as the Police, Children's Social Care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation. | | | | | |
| | | | | | |
| What to do next The contents of this | s report should be | passed to the Club V | Velfare Officer/County Welfare Officer. | | |
| contains of the report should be publicated the characteristic officer, country then are officer. | | | | | |
| If advised to do so by the County Welfare Officer, a copy of this form should be forwarded to them, or to the ECB Safeguarding Team, Lord's Cricket Ground, London, NW8 8QZ. | | | | | |
| Please mark the envelope Private and Confidential | | | | | |
| Please retain the orginal copy of this form and any other original notes you have made, retaining these in a private and secure location. | | | | | |
| OFFICE USE ONLY | | | | | |
| Data Protection N | otice Protocol App | ied YES / NO | Name: | | |
| Date: | | | Ivallic. | | |