



RECORD OF CHILD ABUSE ALLEGATION

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|---|---|-----------------|
| Complainant's Name (if other than the child) | | Date: / / |
| Role in Football | | |
| Child's name | | Age: |
| Child's address | | |
| Person's reason for suspecting abuse (e.g. observation, injury, disclosure) | | |
| Name of person complained about | | |
| Role in Football | <input type="checkbox"/> Administrator <input type="checkbox"/> Player <input type="checkbox"/> Club Official <input type="checkbox"/> Spectator <input type="checkbox"/> Match Official <input type="checkbox"/> Team Official <input type="checkbox"/> Parent <input type="checkbox"/> Other | |
| Witnesses (if more than 3 witnesses, attach details to this form) | Name (1): Contact details: Name (2): Contact details: Name (3): Contact details: | |
| Interim action taken (to ensure child's safety and/or to support needs of person complained about) | | |
| Police contacted | Who: When: Advice provided: | |

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|---|---|
| Government agency contacted | Who: When: Advice provided: |
| CEO contacted | Who: When: |
| Police and/or government agency investigation | Finding: |
| Internal investigation (if any) | Finding: |
| Action taken | |
| Completed by | Name: Position: Signature: Date: |
| Signed by complainant (if not a child) | Signature: Date: |