

Name of accused: _____ Position in Aikido: _____

Relationship between accused and child: _____

Ethnic origin, please state as per chart overleaf _____

Marital Status _____ Age: _____

Address _____

External Agencies Contacted (Dates & Times)		
Police	Contacted by:	Date & Time:
	Contact Name and Number:	
	Details of advice given:	
Social Services	Contacted by:	Date & Time:
	Contact Name and Number:	
	Details of advice given:	
BAB (e.g.CPO)	Contacted by:	Date & Time:
	Contact Name and Number:	
	Details of advice given:	
Local Authority	Contacted by:	Date & Time:
	Contact Name and Number:	
	Details of advice given:	
Other (e.g. NSPCC)	Contacted by:	Date & Time:
	Contact Name and Number:	
	Details of advice given:	

N.B. A copy of this form should be sent to Social Services or the Police after the telephone report. A copy should also be sent to Lancashire Aikikai Child Protection Officer. Remember to maintain confidentiality in order to protect the child. Do not discuss this incident with anyone other than the Police, Social Services and the Child Protection or Club Welfare Officer unless you have been advised to do so.

Signature _____ Print Name _____

Date
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