**HARPENDEN COLTS**

**INCIDENT REPORTING FORM**

Please send To : Anna Hamilton-Watson

 Club Welfare Officer

childwelfare@harpendencolts.com

MATCH/TRAINING SESSION DETAILS

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Competition ……………………………………………………………………………..

Played At ……………………………….. on ………………………………………….

*Details of the incident that I witnessed are as follows: (continue overleaf if necessary)*

*Please include all names, if known. See following page for witness statement guidance.*

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Club . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Contact Number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . .

**Writing Witness Statements**

Please ensure you include these vital points in your statement:

* Exactly what happened
* Did you hear and see what happened
* How far away were you
* Was it reported to the Match Official
* Do you have a description of the individual (hair colour, height, shirt number, position of the field any distinctive features i.e. Tattoos)
* Are you willing to attend a hearing as a County Witness
* Please sign and date the statement ( emails are fine)

Please do not just answer the bullet points as we were not at the game in question so need as much information regarding the incident as possible.