

## Appendix 2. Safeguarding Incident Log

| Reporting Details        |  |  |  |
|--------------------------|--|--|--|
| Date of Report:          |  |  |  |
| Time of Report:          |  |  |  |
| Person Receiving Report: |  |  |  |

  

| Details of Young Person Involved |                               |                                 |                                     |
|----------------------------------|-------------------------------|---------------------------------|-------------------------------------|
| Name:                            |                               |                                 |                                     |
| DOB:                             |                               |                                 |                                     |
| Gender:                          | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Non-Binary <input type="checkbox"/> |
| Address:                         |                               |                                 |                                     |
| Contact Number:                  |                               |                                 |                                     |
| Club:                            |                               |                                 |                                     |

  

| Young Person's Emergency Contact Details |  |
|--|--|
| Name:                                    |  |
| Address:                                 |  |
| Contact Number:                          |  |

  

| Details of Person Reporting the Concern |  |
|---|--|
| Name:                                   |  |
| Address:                                |  |
| Contact Number:                         |  |
| Role within Softball Ireland/Club:      |  |

  

| Details of Concern   |
|--|
| What is reported? Details include details of concerns, allegations inclusive of who was present. |
| Who has the reported/concern been discussed with i.e. athletes family other club members etc.    |

**Details of Person(s) Allegedly Causing Concern to Athlete / Volunteer**

|                                    |  |
|------------------------------------|--|
| Name:                              |  |
| Address:                           |  |
| Contact Number:                    |  |
| Role within Softball Ireland/Club: |  |

**Incident Log**

|                      |  |
|----------------------|--|
| Date                 |  |
| Action Taken:        |  |
| Follow-up Action:    |  |
| Outstanding Actions: |  |

**Incident Outcome**

Detail the incident outcome.

|                               |                                 |              |  |
|-------------------------------|---------------------------------|--------------|--|
| Open <input type="checkbox"/> | Closed <input type="checkbox"/> | Date closed: |  |
|-------------------------------|---------------------------------|--------------|--|

**Details of Person Completing This Form**

|                                    |  |
|------------------------------------|--|
| Name:                              |  |
| Address:                           |  |
| Contact Number:                    |  |
| Role within Softball Ireland/Club: |  |