



Incident Report Form

East Galway Celtics

Players / Members Involved in reportable Incident:	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Date of Report:	
Incident Details Please provide as much detail as possible including times, locations in a timeline of events.	
Incident Date:	Time:
Venue:	Location:
Details: 	
Referred to CPO Designated Person: Yes/No	
Planned follow up after the incident (if any):	
Form completed by	

Guidelines for Reporting Incident

In the event of an incident, the following procedure will be carried out:

- Document the details and inform relevant club personal
- Inform the parents/guardians that the incident has been documented
- Record in detail all facts surrounding the incident including witnesses etc