



CAMBRIDGESHIRE AREA GOLF LIMITED
trading as
CAMBRIDGESHIRE AREA GOLF UNION

Incident Report Form

Appendix 8

Recorder's Name:	
Address:	
Post Code:	Telephone No:

Child's Name:	
Address:	
Post Code:	Telephone No:

Complainant's Name:	
Address:	
Post Code:	Telephone No:

Details of the allegations: [include: date; time; location; and nature of the incident.]
Additional information: [include: witnesses; corroborative statements; etc.]

England Golf Governance department notified (01526 351824)

Case Number (if allocated):

Name of person spoken to:

Date:

Time:

Action taken:

Date:

Time:

Signature of Recorder:

Signature of Complainant:

Data protection:

CAGL and England Golf Governance Department may use the information in this form (together with other information they obtain as a result of any investigation) to investigate the alleged incident and to take whatever action is deemed appropriate, in accordance with their Children and Young People Safeguarding Policy and Procedures.

Strict confidentiality will be maintained and information will only be shared on a "need to know" basis in the interests of safeguarding. This may involve disclosing certain information to a number of organisations and individuals including relevant clubs and County bodies, individuals that are the subject of an investigation and/or Statutory agencies such as the Police and Children's Social Care.