



Somerset Ladies County Golf Association (SLCGA)

Incident Report Form

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

Name of Identified Adult:	
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.]

Have you discussed your concerns with the adult? What are their views?

England Golf Safeguarding 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:**

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 Safeguarding Adults 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 Adult Social Care.