

JJIF Safe Ju-Jitsu Policy, APPENDIX II: Report Form

Date/time of concern	
Child's or Vulnerable Adult's Details	
Name	
Age / Date of Birth	
Do they have a disability, impairment or other special/additional needs?	
Gender	
How do you know them?	
Next of Kin contact information	
Details of person raising the concern	
Name of person raising the concern with you (write your own name if you have the concern)	
Contact details of person raising the concern	
Details of the concern	
Nature of the concern including date, time of any specific incidents	
Name of any persons alleged to have been involved in or causing the concerns	
Contact details of any persons alleged to have been involved in or causing the concerns	
Details of action taken (including contact with referral agencies)	
Details of person reporting the concern	
Your name	
Your role	
Your email address	
Your phone number	
The following boxes should be completed by the Safeguarding Lead	
Confirm appropriate action has been taken to	
Date case closed	