



## INTERNAL REPORTING FORM

*To be filled out by leader in the event of an alleged or suspected abusive situation*

Date : \_\_\_\_\_ Time: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_

Company: \_\_\_\_\_

Name of child involved: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Name of person allegedly causing concern: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Describe the incident or situation, which is causing concern *(continue on blank sheet if necessary)*

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Source of information (i.e. child, adult, injury/distress noticed): *(continue on blank sheet if necessary)*

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Any explanation offered to account for injury / distress etc: \_\_\_\_\_

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Child's own statement (if relevant) *(continue on blank sheet if necessary)*

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed and signed, return this form to: The Boys' Brigade & Girls' Association, Unit C1 Nutgrove Office Park, Nutgrove Avenue, Rathfarnham, Dublin 14 D14 V5Y2