Cambusdoon Football Club

Record of Concern Form

Child details			
Name:		Age Group/ Team	

Incident details			
Date of incident:		Time of incident:	
Exact location of incident:			

Made aware of incident by: (please tick)

Observation ☐ Direct Disclosure ☐ Third Party Disclosure ☐

Phone ☐ Email ☐ Other (please specify) ☐ _____

Details of incident or concern:

Witness name(s) and contact details:

Details of person reporting or observing the incident			
Full name		Role within club	
Phone number			
Email			
Date of recording		Time of recording	
Signature			

Please email the completed form to childprotection@cambusdoonfc.com