# Safe and Inclusive Tennis – Reporting a Concern Form

For recording concerns about a child or adult that involve physical/sexual/emotional/financial abuse, bullying, neglect or discrimination. **If someone is in immediate danger, call the police on 999.** 

Please complete the form (electronically or print and use black ink) within 24 hours and send to the Safeguarding Team within 48 hours of the concern.

Safeguarding <sup>*</sup>	Team within 48 h	ours of the concerr	1.	
Date concern raised:			Today's date:	
Section 1)	Details of thos	se involved in con	cern	
	Your details		Welfare Office	er / Referee (if different)
Name				·
Name of venue based at				
Role at venue (if applicable)				
Contact details (including address)				
	Person you are	e concerned abou	t Alleged perpe	etrator
Name			7 90 po. po.	
Date of birth (if known)				
Name of venue based at				
Role at venue (if applicable)				
Contact details (including address)				
•	re Officer/Refere	ee aware of the co	ncern? (please circle)	
No	Yes			

### Section 2) Details of the concern

What happened?	
Please include:	
<ul><li>When</li></ul>	
<ul> <li>Where</li> </ul>	
<ul> <li>Who told you about the</li> </ul>	
concern	
<ul> <li>Who was involved</li> </ul>	
<ul><li>Any visible injuries?</li></ul>	
Additional comments	
	aigh you think is relevant to the concern?
is there any other information wi	nich you think is relevant to the concern?

# Section 3) Details of the parent or carer of the person you are concerned about (if relevant)

Name(s)		
Contact details (including address)		
Have they been informed of the concern? (please circle)	Yes No	
The parent/carer should not be informed if doing so would put the child/adult at risk of harm	If they have not been informed of the concern, please give your reason why:	

#### Section 4) Actions taken

Who has been informed about the concern?	Name	Role	Contact details	Date informed
(e.g. LTA, Social Care, Police)				
What did they say/do?				
What else has been done				
about the concern (if anything)?				

Thank you for completing this form. Please return to <a href="mailto:safeguarding@lta.org.uk">safeguarding@lta.org.uk</a>.

## LTA Safeguarding and Equality Team contact details

T: 0208 487 7000

E: safeguarding@lta.org.uk equality@lta.org.uk

# LTA use only

Date form received				
Case opened	Yes	No		
Link to Referral and Concern Form				
Case closed by	Name		Position	
Date case closed			1	