

INFORMATION CONTAINED IN THIS DOCUMENT IS CONFIDENTIAL

REPORTING FORM FOR NON-ACCIDENTAL HARM

Name of reporter					
Addresses of Reporter (Physical and e-mail)					
Telephone number of reporter					
Relationship to the victim					
How did you receive this information	 Witness Someone report Victim Other (specify)	ed to you.			
Victim's Information					
Name					
Age/Date of birth		Sex		М	F
Nationality			•		
Addresses (Physical and e-mail)					
Contact number					
	Athlete	Staff			
Complainant is	Volunteer	Official			
	Other- Explain:				
Other specific information (Young athlete, impaired athlete)					

Detail of the incident		
	Psychological Abuse	Physical Abuse
	Sexual Harassment	Sexual Abuse
	Neglect	Bullying
Type of incident	Other: Please explain	
Date, time, place, of the incident: (Date and time maybe between to dates and times)		





Information about the accused (identity, contact details etc.)						
The incident is:	Suspicion of harassment of	or abuse				
The incident is.	☐ Recognised harassment of					
Explanation of what happened (F if necessary		tail as possible) Use another page				
		<u> </u>				
Has the incident been	No	Yes				
reported to the SAPS or any	If Yes Give details:					
other relevant authorities?						
ADDITIONAL INFO	PRMATION FOR CONSIDERA	TION BY THE DSO				
	ent is STRICTLY CONFIDENT on they deem would be able to	IAL and only for use by the club assist the victim.				
Reports can be submitted to <u>safeguarding@sarugby.co.za</u> or <u>sport@theguardian.co.za</u>						
· · · · · · · · · · · · · · · · · · ·	. <u>.co.za/submitting-a-report/</u> to submit a nymous Reporting App to submit a re	a report. port - https://youtu.be/0tOaNqwVTAQ				

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