



RUGBY ONTARIO INCIDENT REFERRAL FORM

If a child requires IMMEDIATE ATTENTION, please call the POLICE or your LOCAL CHILD AID SERVICES.

Please fill out this form if you suspect or have been a witness to any form of abuse in a rugby setting. .

CLUB OR RUGBY ONTARIO EVENT	
YOUR NAME	YOUR AFFLIATION WITH THIS CLUB OR RUGBY ONTARIO EVENT

1. Participant's Information

SURNAME		GIVEN NAMES	
DATE OF BIRTH	YYYY MM DD	SEX	AREA CODE TELEPHONE NUMBER (RES.)
ADDRESS	APT/UNIT #	CITY	POSTAL CODE
CHILD'S DISABILITY (IF ANY)	CHILD'S ETHNIC ORIGIN		
PARENTS/GUARDIAN NAME:			

2. Incident Report:

Date and time of incident:

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Your observations (please be specific):

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Please record exactly what the child said to you (Remember do not lead the child - record actual details. Continue on separate sheet is necessary)

Action taken so far:

3. External Agencies Contacted:

Police: Yes / No

If YES, which

Name and contact number: _____

Details of advice received:

Local Child Aid Society: Yes / No

If YES, which

Name and contact number: _____

Details of advice received:

Rugby Ontario: Yes / No

If YES, with whom did you speak with:

Name and contact number: _____

Details of advice received:

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Other: Yes / No

Which:

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Name and contact number: _____

Details of advice received:

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DATE	SIGNATURE OF INDIVIDUAL FILING THIS REPORT	PRINTED NAME
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Please remember to maintain confidentiality on a need to know basis – only if it will protect the child. Do not discuss the incident with anyone other than those who need to know.

A copy of this form should be sent to the local Child Aid services following a telephone report and to the Rugby Ontario Child Protection Officer at 215 – 3 Concorde Gate, Toronto, ON M3C 3N7.