**RYLA INCIDENT REPORTING FORM (2026–2027)**

To be completed immediately after any incident involving a participant, volunteer, or staff member.

**SECTION 1 — BASIC INFORMATION**

- Country:
- Event Name:
- Event Date:
- Location/Venue:
- Coordinator Completing Report:
- Role/Position:
- Contact Number:

**SECTION 2 — INCIDENT DETAILS**

- Date of Incident:
- Time of Incident:
- Exact Location (room/area):

**Type of Incident (select one)**

- ☐ Medical
- ☐ Injury

- ☐ Behavioural
- ☐ Safeguarding concern
- ☐ Conflict/altercation
- ☐ Property damage
- ☐ Missing participant
- ☐ Other (specify): __

**SECTION 3 — PERSON(S) INVOLVED**

**Primary Individual Involved**

- **Name:**
- **Age (if minor):**
- **Club (if applicable):**
- **Role:**
- **Contact (parent/guardian if minor):**

**Additional persons involved (if any):**

- Name(s):
- Role(s):

**SECTION 4 — DESCRIPTION OF INCIDENT**

**Provide a factual, objective description. Do not include opinions or assumptions.**

**What happened?** (Describe step-by-step, including actions, statements, and sequence of events.)

**SECTION 5 — IMMEDIATE ACTION TAKEN**

**Actions performed at the scene**

- First-aid provided? ☐ Yes ☐ No
    - If yes, by whom:
- Was the participant removed from the activity? ☐ Yes ☐ No
- Was emergency medical care required? ☐ Yes ☐ No
- Was security or venue staff involved? ☐ Yes ☐ No
- Was the safeguarding officer notified? ☐ Yes ☐ No
- Was the parent/guardian contacted? ☐ Yes ☐ No
    - Time contacted:
    - By whom:

**Describe actions taken:**

(What was done immediately to stabilize, protect, or support the individuals involved?)

**SECTION 6 — WITNESS INFORMATION**

**Witness 1**

- Name:
- Role:
- Contact:
- Statement (attach if needed):

**Witness 2**

- Name:
- Role:
- Contact:
- Statement (attach if needed):

**SECTION 7 — SAFEGUARDING REVIEW**

*(Complete this section ONLY if the incident involves a minor or a safeguarding concern.)*

- Nature of safeguarding concern:
- Person notified (Safeguarding Officer):
- Time notified:
- Additional actions taken:
- Was law enforcement or child protection agency contacted? ☐ Yes ☐ No
    - If yes, provide details:

**SECTION 8 — FOLLOW-UP ACTIONS REQUIRED**

- Additional medical follow-up:
- Parent/guardian meeting:
- Decision taken:
- Volunteer/staff disciplinary review:
- Safeguarding investigation:
- Documentation to be submitted:
- Other actions (e.g. Insurance Company notified):

**SECTION 9 — FINAL SUMMARY**

**Coordinator's summary of incident and next steps:** (Concise overview of what happened, actions taken, and what will be done next.)

**SECTION 10 — SIGNATURES**

- **Country/Cluster RYLA Coordinator:**
  - Signature:
  - Date:
- **Safeguarding Officer:**
  - Signature:
  - Date:
- **Assistant Governor:**
  - Signature:
  - Date: