Littlehampton Heritage Railway Association

Safeguarding Incident Reporting Form

Your name:

(Leave blank if you wish to remain anonymous)

Your email:

(Optional, so that we may respond with the action we have taken)

Your phone number:

(Optional, so that we may call you to clarify any details)

Subject:

Date of Incident/concern:

Your concern:

The railway trustees will ensure that all reports are fully investigated in confidence and if applicable, passed on to the appropriate authorities.

Investigation and Outcome

Name of Trustee:

Name of Trustee:

Action taken:

Date: