



Name(s) and contact details of any other witnesses:

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:

PEI Rugby Union: Yes / No

If YES, with whom did you speak with:

Name and contact number: \_\_\_\_\_

Details of advice received:

Other: Yes / No

Which:

Name and contact number: \_\_\_\_\_

Details of advice received:

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 PEI Rugby Union at [peiruinformation@gmail.com](mailto:peiruinformation@gmail.com)