Child Safety Incident Report

Incident details

|  |  |
| --- | --- |
| **Date of incident:** |  |
| **Time of incident:** |  |
| **Location of incident:** |  |
| **Name(s) of child/children involved:** |  |
| **Name(s) of staff/volunteer involved:** |  |

If you believe a child is at immediate risk of abuse phone 000.

Does the child identify as Aboriginal or Torres Strait Islander?

*(Mark with an ‘X’ as applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** |  | **Yes, Aboriginal** |  | **Yes, Torres Strait Islander** |  |

Please categorise the incident

|  |  |
| --- | --- |
| **Physical violence** |  |
| **Sexual offence** |  |
| **Serious emotional or psychological abuse** |  |
| **Serious neglect**  **Minor neglect**  **Unacceptable behaviour (physical)**  **Unacceptable behaviour (emotional/psychological)**  **Inappropriate behaviour** |  |
|  |
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|  |
|  |

Please describe the incident

|  |  |
| --- | --- |
| **When did it take place?** |  |
| **Who was involved?** |  |
| **If you were present, what did you see?** |  |
| **If you were not present, what was reported to you?** |  |
| **Other information** |  |

Does this incident involve discrimination based on any of the following:

**Race?** No / Yes

**Gender?** No / Yes

**Sexual orientation?** No / Yes

**Religious or cultural beliefs?** No / Yes

**Other?** No / Yes (Please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use:

|  |  |
| --- | --- |
| **Date incident report received:** |  |
| **Staff member managing incident:** |  |
| **Follow-up date:** |  |
| **Incident ref. number:** |  |
| **Club Executive President /**  **Child Safety signature and receipt of incident report**  **Date:** |  |

Has the incident been reported?

|  |  |
| --- | --- |
| **Child protection** |  |
| **Police** |  |
| **Another third party (please specify):** |  |

Incident reporter wishes to remain anonymous?

*(Mark with an ‘X’ as applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |