

# Child Safety Incident Report



**ALL INCIDENT REPORTS MUST BE STORED SECURELY.**

## INCIDENT DETAILS

Date of incident:

Time of incident:

Location of incident:

Name(s) of child/children involved:

Name(s) of club member/volunteer involved:

**IF YOU BELIEVE A CHILD IS AT IMMEDIATE RISK OF ABUSE PHONE 000.**

**(Mark with an 'X' as applicable)**

**Does the child identify as Aboriginal or Torres Strait Islander?**

No **OR**  Yes, Aboriginal  Yes, Torres Strait Islander

**Please categorise the incident:**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical violence                        | <input type="checkbox"/> Minor neglect                                    |
| <input type="checkbox"/> Sexual offence                           | <input type="checkbox"/> Unacceptable behaviour (physical)                |
| <input type="checkbox"/> Serious emotional or psychological abuse | <input type="checkbox"/> Unacceptable behaviour (emotional/psychological) |
| <input type="checkbox"/> Serious neglect                          | <input type="checkbox"/> Inappropriate behaviour                          |

**PLEASE DESCRIBE THE INCIDENT**

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When did it take place?

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Who was involved?

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What did you see?

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Other relevant information:

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**CLUB / CSO USE:**

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Date incident report received:

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Club member managing incident:

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Follow-up date:

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Incident ref. number:

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**HAS THE INCIDENT BEEN REPORTED?**

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Child protection:

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Police:

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Another third party (please specify):

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**Incident reporter wishes to remain anonymous?**

Yes  No