

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 staff/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:

Physical violence

Minor neglect

Sexual offence

Unacceptable behaviour (physical)

Serious emotional or psychological abuse

Unacceptable behaviour (emotional/psychological)

Serious neglect

Inappropriate behaviour

PLEASE DESCRIBE THE INCIDENT

When did it take place?

Who was involved?

What did you see?

Other information:

PARENT/CARER/CHILD USE

Date of incident:

Time of incident:

Location of incident:

Name(s) of child/children involved:

Name(s) of staff/volunteer involved:

OFFICE USE:

Date incident report received:

Staff member managing incident:

Follow-up date:

Incident ref. number:

HAS THE INCIDENT BEEN REPORTED?

Child protection:

Police:

Another third party (please specify):

Incident reporter wishes to remain anonymous?

Yes No