

## CHILD SAFETY – INCIDENT REPORT

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

To be completed to record disclosures or safety concerns, as appropriate by:

- School Staff
- Children /Parents/carers

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Incident details

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

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please describe the incident

When did it take place?	
Who was involved?	
What did you see?	
Other information	

All incident reports must be stored securely.

## CHILD SAFETY – INCIDENT REPORT – office use

Date incident report received:	
Staff member managing incident:	
Follow-up date/dates:	
Incident ref. number:	

### Has the incident been reported?

Child protection		Date:
Police		Date:
Another third party (please specify):		Date:

### Incident reporter wishes to remain anonymous?

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

Yes  No

All incident reports must be stored securely.