



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	
Time of incident	
Location of incident	
Name of child/ren	
Name of staff/volunteers involved	

Does the child identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait
Islander

Please categorise the incident

Physical violence
Sexual offence
Serious emotional or
psychological abuse
Serious neglect

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:	
Date reported to police	
Date reported to Child protection	
Other specified agencies contacted	

Incident reporter wishes to remain anonymous?
Yes No