INCIDENT REPORT

Incident details

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

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

Does the child identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander

Please categorise the incident:

Circle the most appropriate

Physical violence

Sexual Offence

Serious emotional or psychological abuse

Serious neglect

Minor neglect

Unacceptable behaviour (physical)

Unacceptable behaviour (emotional/psychological)

Inappropriate behaviour

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)

Club 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?

(Circle as applicable)

Yes No