

Child Safe Standards

Incident report



All incident reports must be stored securely, and password protected to maintain confidentiality. Please contact the Member Protection Officer when lodging this report to communicate any protections added to the document.

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

Incident details

| | |
|--|--|
| Date of incident: | |
| Time of incident: | |
| Location of incident: | |
| Date Identified (if different from date of incident) | |

| | |
|---|--|
| Name(s)/Detail of child/children involved: | |
| Name(s) of staff/member/volunteer involved: | |

Please categorise the incident

- Physical violence
- Sexual offence
- Sexual misconduct
- Serious emotional or psychological abuse
- Serious neglect
- Grooming
- Breach of the Club's Child Safe Code of Conduct
- Reportable Conduct

| Make Selection | Comments |
|----------------|----------|
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Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No Yes, Aboriginal Yes, Torres Strait Islander

Is the child from a culturally or linguistically diverse background?

(Mark with an 'X' as applicable)

No

Yes, please provide details:

Does the child have a disability?

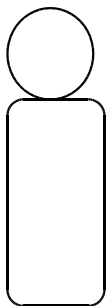
A disability can be any physical, sensory, neurological disability, acquired brain injury, intellectual disability, or developmental delay that affects a child's ability to undertake everyday activities.

(Mark with an 'X' as applicable).

No

Yes, please provide details:

Please describe the incident

| | |
|---|--|
| Overview: | |
| When did it take place and what were the circumstances: | |
| Who was involved? | |
| What did you see / hear? | |
|  | |
| Other information: | |

Proposed corrective action and mitigation plan:

| Action | Responsible Person | Date (Completion) | Status |
|--------|--------------------|-------------------|--------|
| | | | |
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Details of person reporting the incident:

| | |
|--|--|
| Name of person reporting the incident: | |
| Department of reporter (if/where applicable): | |
| Contact Details of reporter: | |

Office use only:

| | | |
|---|----------------------|-----------------|
| Date incident report received: | | |
| Club member/person managing incident: | | |
| Incident ref. number: | | |
| Has the incident been reported? | Date Notified | Comments |
| Child protection | | |
| Police | | |
| Commission for Children and Young People | | |
| Another third party (please specify): | | |