

Incident Report

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.

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 | <input type="checkbox"/> |
| Sexual offence | <input type="checkbox"/> |
| Serious emotional or psychological abuse | <input type="checkbox"/> |
| Serious neglect | <input type="checkbox"/> |
| Minor neglect | <input type="checkbox"/> |
| Unacceptable behaviour (physical) | <input type="checkbox"/> |
| Unacceptable behaviour (emotional/psychological) | <input type="checkbox"/> |
| Inappropriate behaviour | <input type="checkbox"/> |

Please describe the incident

| | |
|--|--|
| When did it take place? | |
| Who was involved? | |
| If you were present, what did you see? | |

| | |
|--|--|
| <p>If you were not present, what was reported to you?</p> | |
| <p>Other information</p> | |

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): _____

Office use:

| | |
|---|--|
| <p>Date incident report received:</p> | |
| <p>Staff member managing incident:</p> | |
| <p>Follow-up date:</p> | |
| <p>Incident ref. number:</p> | |

Has the incident been reported?

| | |
|---|--|
| <p>Child protection</p> | |
| <p>Police</p> | |
| <p>Another third party (please specify):</p> | |

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes No