



Child Safety Incident Report

Incident details

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| Club Name: | |
| 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.

Please categorise the incident

- Physical violence
- Sexual offence
- Serious emotional or psychological abuse
- Serious neglect
- Minor neglect
- Unacceptable behaviour (physical)
- Unacceptable behaviour (emotional/psychological)
- Inappropriate behaviour

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Please describe the incident

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

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| 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): _____

Office/Club use:

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

Has the incident been reported?

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|---------------------------------------|--|
| Child protection | |
| Police | |
| Another third party (please specify): | |

Does the incident reporter wish to remain anonymous?

(Mark with an 'X' as applicable)

Yes No