

Child Safety Incident Report Form

Your Details

| | |
|---|-------------------|
| Your Name | Your Email |
| Your Role and Relationship to Child | |
| Are you a staff member, volunteer or contractor? | |

Incident Details

| | |
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| Date and time of incident | |
| Location of incident | |
| Type of incident. Tick all that apply | |
| <input type="radio"/> Suspicion or allegation of abuse or neglect of child/young person <input type="radio"/> Suspicion of potential harm to a child/young person <input type="radio"/> A critical incident as defined in the Incident Management policy <input type="radio"/> Breaches of Code of Conduct <input type="radio"/> Breach of Child Safe or reporting policy <input type="radio"/> Potential abuse by or criminal matters involving an employee <input type="radio"/> Other _____ | |

Child Details

A separate Incident Report Form should be completed for each child

| | |
|---|-----------------------|
| Child's Name | Child's date of birth |
| Child's Gender | |
| Any accessibility, communication, medication or culture requirements? | |

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|--|----------------------|
| Parent/ Caregiver name | Contact phone number |
| Parent/Caregiver email | |
| Any parent/caregiver accessibility, communication, medication or culture requirements? | |

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| Details of other persons involved. If "YES" please tick all that apply |
| <p><input type="radio"/> Were there other children and young people present?</p> <p><input type="radio"/> Has a separate incident reports form been completed for this child/young person?</p> <p><input type="radio"/> Was there any other witness to the incident?</p> |

Alleged perpetrator(s) details

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| Alleged perpetrator(s) name(s) |
| Connection with the child if know |
| Other relevant information |

Action Taken

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| To ensure the safety of child/young person |
| To support the needs of the child/young person and their family |
| To support the needs of the alleged perpetrator |
| To support the needs of other people involved |

Other organization involved?

- Victoria Police
- Child Protection
- Orange Door
- Family/caregiver
- Reportable Conduct Authority
- Working with Children Check Authority
- Doctor
- Ambulance
- Other _____

Authorities you have contacted

Have you contacted any of the following authorities?

- Victoria Police
- Child Protection
- Orange Door
- Reportable Conduct Authority
- Working with Children Check Authority
- None
- Other _____

Parent/caregiver contact

If **“YES”** please tick all that apply.

- Has the parent or caregiver been informed of the incident?
- Has the parent/caregiver been informed the authorities have been notified

Additional Comments

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Acknowledgement of form completion

I have completed this form to the best of my knowledge and ability.

Name:

Signature:

Date:

*Please email this form to kinderplayelc@gmail.com