

# INCIDENT REPORT



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
- 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?	

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Other information	
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## 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:

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?

(Mark with an 'X' as applicable)

**Yes**       **No**