|  |  |
| --- | --- |
| 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? |  |

|  |  |
| --- | --- |
| 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 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**