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