



Child Safety Incident Report

Incident details

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

Please describe the incident

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

<p>If you were not present, what was reported to you?</p>	
<p>Other information</p>	

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:

<p>Date incident report received:</p>	
<p>Staff member managing incident:</p>	
<p>Follow-up date:</p>	
<p>Incident ref. number:</p>	

Has the incident been reported?

<p>Child protection</p>	
<p>Police</p>	
<p>Another third party (please specify):</p>	

Does the incident reporter wish to remain anonymous?

(Mark with an 'X' as applicable)

Yes No