



CHILD POLICY: INCIDENT REPORT

NB. Call 000 if you believe a child is in immediate danger

Incident details

Date of incident/concern/disclosure:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	

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

actual harm

risk of harm

- *Physical violence
- *Sexual abuse or exploitation
- *Serious emotional or psychological abuse, including exposure to family violence
- *Serious neglect
- *Peer to peer abuse

	actual harm	risk of harm

Please describe the incident

When did it take place?	
Who was involved?	
What did you see/hear?	

What were you told?	
Other information	

Parent/carer/child use

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of staff/volunteer involved:	

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

This document must be confidentially filed for reference.

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RECORD KEEPING:

1. INTERNAL

Who did witness/staffmember report to?.....

When (date/time)?.....

2. EXTERNAL

Reported to ? Date/time?

Organisation	Rationale (Yes or No)?	Outcome
DHS (child Protection)		
POLICE		
Commission for Children and Young People		

3. FOLLOW UP ACTIONS

What was the action?	Y/N?	Rationale
Internal investigation		
Review of Processes		
Review of risk assessments		
Other		