**Child Safe Incident Report**

Incident reports must be stored securely and password protected for confidentiality. Please contact a Child Safety Officer when lodging a report to communicate any protections added to the document.

**If you believe a child is at immediate risk of abuse phone 000.**

**Incident details**

|  |  |
| --- | --- |
| **Date of incident:**  |  |
| **Time of incident:** |  |
| **Location of incident:** |  |
| **Date Identified (if different from date of incident)**  |  |
|  |  |
| **Name(s)/Detail of child/children involved:** |  |
| **Name(s) of staff/student/ volunteer involved:** |  |

**Please categorise the incident**

|  |  |  |
| --- | --- | --- |
|  | Make Selection | Comments  |
| **Physical violence** |  |  |
| **Sexual offence** |  |  |
| **Sexual misconduct** |  |  |
| **Serious emotional or psychological abuse** |  |  |
| **Serious neglect** |  |  |
| **Grooming**  |  |  |
| **Breach of the University’s Child Safe Code of Conduct** |  |  |
| **Reportable Conduct**  |  |  |

**Does the child identify as Aboriginal or Torres Strait Islander?**

***(Mark with an ‘X’ as applicable)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No |  | Yes, Aboriginal |  | Yes, Torres Strait Islander |  |

**Is the child from a culturally or linguistically diverse background?**

 ***(Mark with an ‘X’ as applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| No |  | Yes, please provide details:  |  |

**Does the child have a disability?**

***A disability can be any physical, sensory, neurological disability, acquired brain injury, intellectual disability, or developmental delay that affects a child’s ability to undertake everyday activities.***

***(Mark with an ‘X’ as applicable).***

|  |  |  |  |
| --- | --- | --- | --- |
| No |  | Yes, please provide details:  |  |

**Please describe the incident**

|  |
| --- |
| **Overview:**  |
| **When did it take place and what were the circumstances:** |  |
| **Who was involved?** |  |
| **What did you see / hear?** |  |
| **Other information:** |  |

**Proposed corrective action and mitigation plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| Action  | Responsible Person  | Date (Completion)  | Status  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Details of person reporting the incident:**

|  |  |
| --- | --- |
| **Name of person reporting the incident:** |  |
| **Department of reporter (if/where applicable):** |  |
| **Contact Details of reporter:** |  |

**Office use only:**

|  |  |
| --- | --- |
| **Date incident report received:** |  |
| **Staff member managing incident:** |  |
| **Incident ref. number:** |  |
| Has the incident been reported? | **Date Notified**  | **Comments**  |
| **Child protection** |  |  |
| **Police** |  |  |
| **Commission for Children and Young People** |  |  |
| **Another third party (please specify):** |  |  |