## 

## Child Abuse Incident Report Form

[This form must be used to record details of a Child Abuse Incident or Allegation]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child / Client Name:** | | | | | | |
| Program: | |  | | | | |
| Date of incident: | |  | Site where incident occurred: | | |  |
| Person making Report: | |  | Role & Relationship to Child: | | |  |
| Type of incident (tick all that apply): | | |  | | | |
|  | Suspicion or allegation of abuse or neglect of client | | |  | Serious breach of client confidentiality | |
|  | Suspicion of potential harm to a client | | |  | Serious breach of duty of care | |
|  | Potential abuse by or criminal matters involving an employee | | |  | A complaint | |
|  | An episode of severe challenging behaviour | | |  | A complaint involving legal proceedings | |
|  | Potential harm to an employee resulting from harassment/bullying | | |  | A serious incident as defined in the Incident Management policy | |

**Details of the child / young person affected by the incident**

[A Separate Child Abuse Incident Report Form should be completed for each child]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Date of birth |  | Gender | |  |
| Any communication or medical requirements |  | | | |
| Parent / guardian name |  | | | |
| Parent / guardian contact/s phone | (Home)  (Mobile) | | (Work) | |
| Parent / guardian address |  | | | |
| Any known parent / guardian communication requirement |  | | | |

**Details of other persons involved**

|  |  |
| --- | --- |
| **Alleged perpetrator(s) details:** | |
| Name – if known. |  |
| Connection with the child – if known |  |
| Any other relevant factors: |  |
| **Were there any other witnesses to the incident? Yes 🞎 No 🞎**  **If yes, please provide their details below:** | |
| Full name |  |
| Involvement as witness |  |
| Contact phone number |  |
| Full name |  |
| Involvement as witness |  |
| Contact phone number |  |

**Details of incident**

(Please describe the incident including alleged perpetrator/s behaviour, sighted injury or other indicators of abuse, conversations with the child)

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|  |

**Action undertaken (if any):**

|  |  |
| --- | --- |
| To ensure the safety of child/client: |  |
| To address the support needs of the child / client and their family: |  |
| To address the support needs of the alleged perpetrator: |  |
| To address the support needs of other staff and volunteers involved: |  |

**Incident response**

|  |  |
| --- | --- |
| **Please tick who of the following have been informed of this incident:** | |
| Externally | Police 🞎 Child Protection 🞎 Ambulance 🞎 Doctor 🞎 Family / Carer 🞎  Other (please specify) 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Internally | Manager (please specify):  *Please note that a Manager must be informed* |

**Police**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| Name of person notified: |  | Position: |  |
| Department / region: |  | Contact detail/s: |  |
| Advice provided: | | | |

**Child Protection**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| Name of person notified: |  | Position: |  |
| Department / region: |  | Contact detail/s: |  |
| Advice provided: | | | |

**Parent / guardian**

|  |  |
| --- | --- |
| **Has the parent been informed of the incident: Yes 🞎 No 🞎**  **(If appropriate) has the reporter been informed the authorities being notified: Yes 🞎 No 🞎** | |
| If yes, please provide relevant details of conversations: | *E.g. (information provided, reactions, concerns and admissions)* |
| If no, please explain why: |  |

|  |  |
| --- | --- |
| **Please provide details of which manager/s or other staff and volunteers has been informed of the incident?** | |
| Full name: |  |
| Position / title: |  |
| Date and time informed: |  |
| Full name |  |
| Position / title: |  |
| Date and time informed: |  |

**Additional comments:**

|  |
| --- |
|  |

**Acknowledgement of form completion**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have completed this form to the best of my knowledge and ability** | | | |
| Name |  | Position |  |
| Signed |  | Date |  |

**Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have checked that all sections of this form are complete** | | | |
| Name |  | Position |  |
| Signed |  | Date |  |

**Privacy Disclaimer:**

The [insert organisation name] acknowledges and respects the privacy of all its staff, volunteers, contractors and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used and disclosed for the purposes it intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and [insert organisation’s Privacy Policy name]