



Incident Report Form

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please describe the incident

When did it take place?	
Who was involved?	
What did you see?	
Other information	

Parent/carers/child use

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
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 ☐