



Incident Report Form

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| 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

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|--------------------------|
| <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/carer/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