



Child Safety Incident Report

Incident Details

Club Name:	
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.

Please categorise the incident

Physical violence	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>
Minor neglect	<input type="checkbox"/>
Unacceptable behaviour (physical)	<input type="checkbox"/>
Unacceptable behaviour (emotional/psychological)	<input type="checkbox"/>
Inappropriate behaviour	<input type="checkbox"/>

Please describe the incident

When did it take place?	
Who was involved?	
If you were present, what did you see?	

If you were not present, what was reported to you?	
Other information	

Does this incident involve discrimination based on any of the following?

Race? No / Yes

Gender? No / Yes

Sexual orientation? No / Yes

Religious or cultural beliefs? No / Yes

Other? No / Yes (Please state): _____

Office/Club 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):	

Does the incident reporter wish to remain anonymous?

(Mark with an 'X' as applicable)

Yes No