

# Incident Report

## Incident details

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	<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?	

<p><b>If you were not present, what was reported to you?</b></p>	
<p><b>Other information</b></p>	

**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 use:**

<p><b>Date incident report received:</b></p>	
<p><b>Staff member managing incident:</b></p>	
<p><b>Follow-up date:</b></p>	
<p><b>Incident ref. number:</b></p>	

**Has the incident been reported?**

<p><b>Child protection</b></p>	
<p><b>Police</b></p>	
<p><b>Another third party (please specify):</b></p>	

**Incident reporter wishes to remain anonymous?**

*(Mark with an 'X' as applicable)*

Yes  No