



Child Safety Incident Report

(Report Template)

CONFIDENTIAL

(Tick the box when report is filled in)

This report contains sensitive personal information and is only to be accessed by authorised personnel.

Report No: _____

Report number to be assigned by the Child/Youth Safety Officer

Report Template Version Control

Ver.	Description	Compiler	Date Issued	Distribution List
1	Original version	Colin Harrison	5/12/2021	

Skunkworks acknowledge the assistance of the Hyde St Youth Band in developing this report.

The child safe standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse. Please use this form to report any incidents.

Note that all incident reports must be stored securely.

Report Author

Name of person filling out this report.	
Date that the report is being filled out.	
Time that the report is being filled out.	
Is the report being filled out in the presence of and/or with the assistance of the child affected. (Yes/No, State name of victim)	
Is the report being filled out in the presence of and/or with the assistance of a witness to the incident. (Yes/No, Please state name of witness)	

Incident Details

Date of incident	
Time of incident	
Location of incident	
Name(s) of persons involved	
Names of other people involved or who witnessed the incident (volunteers, staff members, unknown persons)	

If you believe a child is at immediate risk of abuse, phone 000.

Please categorise the incident (Mark one or more boxes with an 'X' as applicable)

- Physical violence
- Sexual offence
- Serious emotional or psychological abuse
- Serious neglect

Does the child identify as Aboriginal or Torres Strait Islander? (Mark with an 'X' as applicable)

- No Yes, Aboriginal Yes, Torres Strait Islander

Please describe the incident (who, what, where)

Name of child	
Parents of child	
Where did the incident take place?	
What happened?	
Who did it? (Please state names if possible or provide description).	
Other information	

Office use:

Date incident report received	
Person managing the incident	
Follow up date	

Has the incident been reported?

Child Protection (Dept of Human Services)	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous? (Mark with an 'X' as applicable)

Yes

No