

Sample Child Safety Incident Report

The child safe standards require organisations that provide services for children¹ 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.

Incident details

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

Please describe the incident

When did it take place?	
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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 musical director / volunteer involved:	

Office use:

Date incident report received:	
Musical director/Management Committee 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