



## Child Safe – Incident Report

### Incident details

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

**If you believe a child is at immediate risk of abuse - Phone 000**

Does the child identify as Aboriginal or Torres Strait Islander?

No

☐

Yes, Aboriginal

☐

Yes, Torres Strait Islander

☐

Please categorise the incident

Physical violence

Sexual offence

Serious emotional or psychological abuse

Serious neglect

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please describe the incident

What did you see or know?	
Other information	

Has the incident been reported?

Child Protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

Yes

☐

No

☐

Name and signature of person making the report (optional)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office use:**

Date incident report received:	
Staff member managing incident:	