



SAFEGUARDING CHILDREN AND YOUNG PEOPLE INCIDENT REPORT FORM

5 Incident details

| | |
|--------------------------------------|---|
| Club Name: | |
| Date of incident: | |
| Time of incident: | |
| Location of incident: | |
| Date Identified (if different) | |
| 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. |

6 Please categorise the incident

- Physical violence
- Sexual offence
- Sexual misconduct
- Serious emotional or psychological abuse
- Serious neglect
- Grooming
- Breach of the Child Safe Code of Conduct
- Reportable Conduct inappropriate behaviour

| Make Selection | Comments |
|----------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

7 Please describe the incident

| | |
|---|--|
| Overview: | |
| When did it take place and what were the circumstances: | |

| | |
|--|--|
| Who was involved? | |
| What did you see if present / hear? | |
| 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): _____

8 Details of person reporting the incident:

| | |
|--|--|
| Name of person reporting the incident: | |
| Department of reporter (if/where applicable): | |
| Contact Details of reporter: | |

Office/Club use:

| | | |
|--|----------------------|-----------------|
| Date incident report received: | | |
| Staff member managing incident: | | |
| Incident ref. number: | | |
| | | |
| Has the incident been reported? | Date Notified | Comments |
| Child protection | | |
| Police | | |
| Another third party (please specify): | | |