

## **Child Safety Incident 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.

## **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 imme  | liate risk of abuse phone 000.          |  |
| (Mark with an 'X' as applic  |   |  |
| (Mark with an 'X' as applic  | Able) Yes, Torres Strait Islander       |  |
| (Mark with an 'X' as applic  No  Yes, Aborigina  | Able) Yes, Torres Strait Islander       |  |
| (Mark with an 'X' as applice  No Yes, Aborigina  Please categorise the                   | Able) Yes, Torres Strait Islander       |  |
| (Mark with an 'X' as applice  No Yes, Aborigina  Please categorise the Physical violence | Yes, Torres Strait Islander  e incident |  |

| When did it take place?                               |            |   |  |  |  |  |  |  |
|---|------------|---|--|--|--|--|--|--|
| Who was involved?                                     |            |   |  |  |  |  |  |  |
| What did you see?                                     |            |   |  |  |  |  |  |  |
|   |            |   |  |  |  |  |  |  |
| Other information                                     |            |   |  |  |  |  |  |  |
| Parent/carer/child u                                  | se         |   |  |  |  |  |  |  |
| 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 member managing incident: | Committee  |   |  |  |  |  |  |  |
| Follow-up date:                                       |            |   |  |  |  |  |  |  |
| Incident ref. number:                                 |            |   |  |  |  |  |  |  |
| Has the incident bee                                  | n reported | ? |  |  |  |  |  |  |
| Child protection                                      |            |   |  |  |  |  |  |  |
| Police  |            |   |  |  |  |  |  |  |

## **Incident reporter wishes to remain anonymous?**

|     | (Mark wi | th an '〉 | K' as applicab | le |
|-----|----------|----------|----------------|----|
| Yes |          | No       |                |    |

Another third party (please specify):