



## Child Safety Incident Report

This form is designed to assist staff or families to report any Child Safety concerns and should be handed to either the School Coordinator or the Leader of Teaching and Learning upon completion to ensure this information is stored confidentially.

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

### Incident details

*Mark 'X' as Applicable*

Date of incident:

Time of Incident:

Location of Incident:

Name (s) of  
child/children involved:

Name (s) of  
staff/volunteer involved:

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

### Please describe the incident

When did it take  
place?

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Who was involved?

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Other information

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## Parent/carer/child use

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Date of Incident

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Location of incident

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Name (s) of  
child/children involved

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Name (s) of  
staff/volunteer involved

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### School use:

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Date Incident  
report received:

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Staff member managing  
incident:

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Follow-up date:

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Incident ref number:

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### Has the incident been reported?

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Child protection:

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Police:

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Another third party  
(please specify):

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Incident reporter  
wishes to remain  
anonymous?

Yes  
 No

*Mark 'X' as Applicable*

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