

Child Safe Incident Report

This form can be given to a child or a member of their family if they disclose an allegation of abuse or safety concern resulting from interaction with Future Connect to complete or any other person. LLEN staff can also use this form to record disclosures.

Incident Details

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Gender of Child	
Name(s) of staff/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:	
Gender of Child	
Name(s) of staff/volunteer involved:	

Office use:

Date incident report received:	
Staff 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

Please attach additional paper with comments if required or write below or on the back of this page.