

# Incident Report Form



**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 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	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>

## Please describe the incident

<b>When did it take place?</b>	
<b>Who was involved?</b>	
<b>What did you see?</b>	

<b>Other information</b>	
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**Parent/carer/child use**

<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Name(s) of child/children involved:</b>	

**Office use:**

<b>Date incident report received:</b>	
<b>Staff member managing incident:</b>	
<b>Follow-up date:</b>	
<b>Incident ref. number:</b>	

**Has the incident been reported?**

<b>Child protection</b>	
<b>Police</b>	
<b>Another third party (please specify):</b>	

**Incident reporter wishes to remain anonymous?**

(Mark with an 'X' as applicable)

Yes  No

This policy was ratified by School Council in April 2019