

Yarrunga Primary School

CHILD SAFE INCIDENT REPORTING TEMPLATE

October 2016



All incident reports must be given to the principal to be stored securely.

Name of staff member recording this incident

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

Sexual offence

Serious emotional or psychological abuse

Serious neglect

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes No

Please describe the incident

When did it take place?	
Who was involved?	
What did you see?	
Other information	

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):	