



CHILD SAFETY INCIDENT REPORT

Incident Details

Date:	Time:
Location:	
Name of child/children involved:	Name of person reporting the incident:
Details of the Incident as reported including naming key participants where possible.	
Details of actions undertaken on site and subsequent to the incident.	
Names of any people who saw / heard the incident.	

If you believe the child is at immediate risk of harm Phone 000

Does the child identify as Aboriginal or Torres Strait Islander? Yes [] No [] Undisclosed []

Category of Incident

- Physical Violence []
- Sexual Violence []
- Emotional or Psychological Abuse []
- Serious Neglect []
- Unacceptable Behaviour (physical) []
- Unacceptable Behaviour (emotional / psychological) []
- Inappropriate Behaviour []
- Discrimination [] Please detail: _____

Actions Taken

Does the reporter wish to remain anonymous Yes [] No []

Has the Incident been reported to:

The Committee [] Date:

The Police [] Date:

Child Protection [] Date:

AFL Integrity [] Date:

Other: Please detail:

What else has been actioned?

Follow Up:

What Follow Up is Planned?	By Who	By When	Outcomes

The Club Committee is satisfied that we have done everything we could and reported what was needed to the relevant bodies within our volunteer expertise and adequate precautions and risk mitigation has been put in place to minimize the chances of further occurrence.

Committee Member Signature _____

Wellbeing Team Member Signature _____

Date: