

DINGLEY JUNIOR FOOTBALL CLUB

Child Safety Incident Report

1. Incident details

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of adults involved:	

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

2. Does the child identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander

3. Please categorise the incident

- Physical violence
- Sexual offence
- Serious emotional or psychological abuse
- Serious neglect
- Minor neglect
- Unacceptable behaviour (physical)
- Unacceptable behaviour (emotional/psychological)
- Inappropriate behaviour

4. Please describe the incident

When did it take place?	
Who was involved?	
If you were present, what did you see?	
If you were not present, what was reported to you?	
Other information	

5. Does this incident involve discrimination based on any of the following:

Race? Yes / No

Gender? Yes / No

Sexual orientation? Yes / No

Religious or cultural beliefs? Yes / No

Other? Yes / No (Please state): _____

OFFICE USE ONLY:

Date incident report received:

Staff member managing incident:

Follow-up date:

Incident ref. number:

Has the incident been reported? Yes / No

Child protection *Police* *Another third party (please specify):*

Does the incident reporter wish to remain anonymous? Yes / No