If you believe a child is in immediate danger or harm you must call the Police on 000 (triple zero).

*Please use this form to report when you form a* ***reasonable belief*** *that a child needs protection or when there is a disclosure of abuse or harm.*

**How to complete this Child Safe Incident Report From**

**Details** (Name of Person Completing this Form and Full Name/s of any persons who witnessed or is aware of the incident)

Complete both of these sections. The commission does not require the name of the person making the report and therefore you can remain anonymous to the commission. However, during the fact-finding period Council and/or Police may need to speak with you further regarding the incident.

**Name of staff/volunteer/contractor/Councillor implicated in Reportable Conduct**

Complete if a child was harmed by an employee, contractor or volunteer. If the incident did not involve the conduct of an employee, contractor, volunteer or Councillor with a child then please tick the N/A box.

**Incident Details**

Complete the date, time and location the incident occurred or if a disclosure of abuse or harm include details of the incident being reported.

**Details of the Incident**

Please include a summary of the incident and who was involved, what happened and what did you see or observe. Your full case notes are not required here however please provide enough information to describe the incident/report clearly. You may provide the information on the incident/report in dot points rather than narrative.

**Has the incident been reported?**

Record details here of who the incident has been reported to, either Child Protection/Child First or the Police. Remember if you happen to ring the wrong organisation in making the report the organisation will guide you to the right place to make the report. Record any reference number you may be given by Police, Child Protection/Child First or a Regulatory Body.

If completing ‘**Other**’ please specify the name of any Regulatory Body you are required to inform of the incident/report (example DHHS, CIMS, DWES).

**Submitting this form**

Please e-mail this form to [childsafety@whitehorse.vic.gov.au](mailto:childsafety@whitehorse.vic.gov.au).

**Further information**

Further information and the Child Safe Standards toolkit can be found on the [Department of Health and Human Services’ website](http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/creating-child-safe-organisations)

**Child Safety Incident Report Form**

**Name of Person completing this form**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. | **Mobile:** | Click or tap here to enter text. |
| **Department:** | Click or tap here to enter text. | **Division:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | **Position:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Time** | Click or tap here to enter text. |

**Full name/s of any persons who witnessed or is aware of the incident**  N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. | **Aware of Report:** | Click or tap here to enter text. |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. | **Aware of Report:** | Click or tap here to enter text. |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. | **Aware of Report:** | Click or tap here to enter text. |

**Name of staff/volunteer/contractor or Councillor implicated in the Reportable Conduct**  N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. | **Mobile:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | **Position:** | Click or tap here to enter text. |

**Details of the Child/Children involved if known**  N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. | **Gender:** | Click or tap here to enter text. |
| **Child’s Address:** | Click or tap here to enter text. | | |
| **Suburb:** | Click or tap here to enter text. | **Postcode:** | Click or tap here to enter text. |
| **Parent(s) Name(s):** | Click or tap here to enter text. | | |
| Home address of parent if different to child: | N/A  Click or tap here to enter text. | | |
| **Does the child identify as:**  Culturally and Linguistically Diverse (CALD)  Aboriginal / Torres Strait Islander  A Person with a Disability | | | |

**Additional Children**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. | **Gender:** | Click or tap here to enter text. |
| **Child’s Address:** | Click or tap here to enter text. | | |
| **Suburb:** | Click or tap here to enter text. | **Postcode:** | Click or tap here to enter text. |
| **Parent(s) Name(s):** | Click or tap here to enter text. | | |
| **Home address of parent if different to child** | N/A  Click or tap here to enter text. | | |
| **Does the child identify as:**  Culturally and Linguistically Diverse (CALD)  Aboriginal / Torres Strait Islander  A Person with a Disability | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. | **Gender:** | Click or tap here to enter text. |
| **Child’s Address:** | Click or tap here to enter text. | | |
| **Suburb:** | Click or tap here to enter text. | **Postcode:** | Click or tap here to enter text. |
| **Parent(s) Name(s):** | Click or tap here to enter text. | | |
| **Home address of parent if different to child** | N/A  Click or tap here to enter text. | | |
| **Does the child identify as:**  Culturally and Linguistically Diverse (CALD)  Aboriginal / Torres Strait Islander  A Person with a Disability | | | |

**Please categorise the Incident (more than one can be selected if appropriate)**

Physical violence – against, with or in the presence of, a child

Sexual offence – against, with or in the presence of, a child

Sexual misconduct – against, with or in the presence of, a child

Emotional or psychological abuse – behaviour likely to cause significant emotional and/or psychological harm

Significant neglect – not meeting obligations to keep a child safe and well

Grooming – concerns of predatory conduct to prepare a child for a sexual activity

**Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Date: | Click or tap to enter a date. | Incident Time: | Click or tap here to enter text. |
| Incident Location: | Click or tap here to enter text. | | |
| Details of the incident (summary of who was involved, what happened, what did you see or observe | | | |
| Click or tap here to enter text. | | | |

**Has the incident been reported?**  Yes  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child Protection**  **(1300 655 795 or afterhours 13 12 78)** | | **Date:** | Click or tap to enter a date. | | **Time:** | Click or tap here to enter text. |
| **Police**  **(000)** | | **Date:** | Click or tap to enter a date. | | **Time:** | Click or tap here to enter text. |
| **Other**  **(please specify name)** | | **Date:** | Click or tap to enter a date. | | **Time:** | Click or tap here to enter text. |
| Reference Number: | Click or tap here to enter text. | | | Agency Name: | | Click or tap here to enter text. |

**Submitting this form**

Please e-mail this form to [childsafety@whitehorse.vic.gov.au](mailto:childsafety@whitehorse.vic.gov.au).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Safety Management Team use only** | | | | |
| Child Safety Incident Report received | Date: | Click or tap to enter a date. | Time: | Click or tap here to enter text. |
| Child Safety Management Team member Managing Incident | Name: | Click or tap here to enter text. | | |
| CEO notified: | By whom: | Click or tap here to enter text. | | |
|  | Date: | Click or tap to enter a date. | Time: | Click or tap here to enter text. |
| Report submitted to the Commission | By whom: | Click or tap here to enter text. |  |  |
|  | Date: | Click or tap to enter a date. | Time: |  |