

## Child Safe Standards Incident Report

All incident reports must be stored securely, and password protected to maintain confidentiality. Please contact the Child Safety Officer when lodging this report to communicate any protections added to the document.

Time of incident:				
Location of incident:				
Date Identified (if different from date of incident)				
Are you reporting on behalf of yourself or another person?	Myself		Someone else	
Name(s)/Detail of young people/persons involved:				
Name(s) of staff/student/ volunteer involved:				
Please categorise th	e incident		1	
		Make Selection	Comments	
Physical violence				
Sexual offence				
Sexual misconduct				
	cal abuse			
Serious emotional or psychologi				
Serious emotional or psychologi Serious neglect				
Serious neglect	ode of Conduct			
Serious neglect Grooming	Code of Conduct			
Serious neglect Grooming Breach of the RTO's Child Safe C		porting on be	ehalf of identify as	

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Yes, Torres Strait Islander

Yes, Aboriginal

Are you or the person you are reporting on behalf of from a culturally or linguistically diverse background?

(Mark with an 'X' as a	applicable)				
No	Yes	, please provide details:			
Do you or th	e perso	on you are repoi	ting on beha	alf of have a c	lisability?
		ensory, neurological disabilit y to undertake everyday acti		y, intellectual disability,	or developmental
(Mark with an 'X' as a	pplicable).				
No	Yes	, please provide details:			
Please desc	ribe the	e incident			
Overview:					
When did it take plant what were the circumstances:	ace and				
Who was involved	?				
What did you see /	hear?				
Other information:					

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## Details of person reporting the incident:

Name of person reporting the incident:	
Department of reporter (if/where applicable):	
Contact Details of reporter:	

Signature:

## Office use only:

Date incident report received:		
Staff member managing incident:		
Incident ref. number:		
Has the incident been reported?	Date Notified	Comments
Child protection		
Police		
Commission for Children and Young People		
Another third party (please specify):		

## Proposed corrective action and mitigation plan:

Action	Responsible Person	Date (Completion)	Status

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