



# CHILD SAFETY STANDARDS

## Responding to and Reporting Suspected Child Abuse



All incident reports must be stored securely.

### 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	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>

### Please describe the incident

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

### Parent/carer/child use

Date of incident:	
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<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Name(s) of child/children involved:</b>	
<b>Name(s) of staff/volunteer involved:</b>	

**Office use:**

<b>Date incident report received:</b>	
<b>Staff member managing incident:</b>	
<b>Follow-up date:</b>	
<b>Incident ref. number:</b>	

**Has the incident been reported?**

<b>Child protection</b>	
<b>Police</b>	
<b>Another third party (please specify):</b>	

**Incident reporter wishes to remain anonymous?**

*(Mark with an 'X' as applicable)*

Yes  No