

ELTHAM College Child Safe Incident Report

This form is designed to assist in the reporting of any Child Safety concerns. Please hand in the completed form to either the Principal or the Child Safety Officer at the school.

Incident details

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Date of Birth of child:	
Address of child:	
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	
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Parent/carer/child use

Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	
Assessment of immediate danger for the child	
Description of injury (if any)	
Any disability or language difficulties?	

Office use

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

Has the incident been reported?

Child protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes

No