



Child Protection Incident Report Form

All incident reports must be emailed to childprotection@uqsport.com.au

This report form can be used by a child or youth, or their family if they disclose an allegation of harm as a part of interacting with our organisation. Our internal stakeholders can also use this form to record disclosers or suspicions of harm.

One child's detail per form. If multiple children are involved each child will need an incident report form.

DETAILS OF PERSON COMPLETING FORM

Relationship to child or youth	Self
	Parent/Caregiver
	UQSL Staff
	Volunteer
	Witness
Full Name	
Phone Number	
Email	
Signature	
Date	

BEFORE YOU PROCEED WITH IN PERSON INTERVIEW OF THE CHILD OR YOUTH

Check that you have:

- Moved to a suitable location, free from distractions.
- Ensure that you let the child use their own words to explain what has occurred.
- Reassured the child/youth that it is OK that they have told you what has been happening
- Addressed any concerns about the child/youth's safety.
- Reassured the child/youth that they are not at fault and not the cause of any distress they feel.
- Provided the child/youth with an incident report form to completed (where appropriate) and/or offered to complete it together.

DETAILS OF CHILD/YOUTH

Full Name	
Date of Birth	
Parent/Caregivers Full Names	
Parent/Caregiver Contact Phone	

INCIDENT DETAILS			
Incident Date			
Incident Time			
Location			
Name of Alleged Offender			
Gender of Alleged Offender			
Relationship of Offender to Child/Youth			
Contact Phone Number (if known)			
Address (if known)			
Incident Category			
<input type="checkbox"/>	Suspicion or allegation of abuse		
<input type="checkbox"/>	Suspicion or allegation of neglect		
<input type="checkbox"/>	Suspicion or allegation of harm		
<input type="checkbox"/>	Suspicion or allegation of Emotional/Psychological Abuse		
<input type="checkbox"/>	Potential harm to an employee resulting from harassment/bullying		
<input type="checkbox"/>	Potential abuse by or criminal matters involving an employee of UQSL		
<input type="checkbox"/>	An episode of severe challenging behaviour		
<input type="checkbox"/>	Serious breach of client confidentiality or privacy		
<input type="checkbox"/>	Serious breach of duty of care		
<input type="checkbox"/>	A complaint		
<input type="checkbox"/>	A complaint involving legal proceedings		
<input type="checkbox"/>	A serious incident as defined in the incident management policy		
<input type="checkbox"/>	Other (Provide details in below "Description of incident")		
Did the child require first aid	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Did Emergency Services Attend	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Was the child/youth's parents/caregivers contacted	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes Time and Date of Contact			
INDICATORS / RED FLAGS TO REPORT			
Indicators	<input type="checkbox"/>	Physical Indicators	
	<input type="checkbox"/>	Behavioural Indicators	
	<input type="checkbox"/>	Patterns of behaviour	
	<input type="checkbox"/>	Emotional/Psychological Abuse	
	<input type="checkbox"/>	Other (Provide details below)	

Details: <i>Why did this situation stand out as a "red flag"</i>
Description of incident: <i>What did you see? What was reported to you? Any other relevant information incl, alleged perpetrator/s behaviour</i>
Reports directly from Child: <i>Use the child's exact words here, or specific details the child/youth provided to you</i>

Who was involved: *list all parties involved in the incident, as well as any parties who were referred to during this disclosure, where there any witnesses, potential witnesses (at which venue did it occur?)*

Immediate action taken: *Include a step by step response you took and include times and contact information for parties that were contacted*

If not action – Provide reasons why:

OFFICE USE ONLY	
Date Received	
D CPP whom received report	
INCIDENT RESPONSE	
Externally	Police
	Child Protection
	Ambulance
	Doctor
	Family/Carer
	Other <i>Please specify below</i>
Internal Manager: <i>please note manager/supervisor of any employee involved must be notified</i>	
D CPP Action taken in response: <i>Any further follow up required with authorities; Contact details of authorities, date and time of report; Support for person reporting; Debriefing; UQSL Executive to be informed; Any other person advised of report;</i>	
Outcomes: <i>What has happened as a result of this report; Reviews/adjustment to policies;</i>	
ACKNOWLEDGEMENT OF FORM COMPLETION	
<i>I have completed this form to the best of my knowledge and ability</i>	
Name	
Position	
Signed	
Date	