

## CHILD SAFETY INCIDENT REPORT

All records are maintained in the CRC Client Database and BSC's MagiQ.

**For all incidents involving NDIS clients please refer to the BSC Incident Management Procedure – NDIS Reporting Guidelines**

This report form can be used by a child or their family if they disclose an allegation of abuse, neglect or safety concern in our organisation. Our staff and volunteers can also use this form to record disclosures or suspicions of harm.

### REPORTER PRIVACY

Does the incident reporter/s wish to remain anonymous?  Yes  No

### REPORT DETAILS - INTERNAL

I / we have reported this internally to:

- Staff Member      Name:
- Senior Program Advisor CRC
- Manager Administration and Community Services
- Director, Corporate and Community Services
- EMT Member      Name:
- Chief Executive Officer
- Other              Name:

### REPORT DETAILS - EXTERNAL

I / we have reported to the external authority:

- Police
- Policelink
- Police – Alternative Reporting Options (ARO)
- Department of Children, Youth Justice and Multicultural Affairs
- Department of Children, Youth Justice and Multicultural Affairs plus Police
- Department of Children, Youth Justice and Multicultural Affairs plus Policelink

### Report Links

[Click here to complete an online report to the Department of Child Safety, Youth & Women](#)

or find the form at:

[Report of suspected child in need of protection form - \(communities.qld.gov.au\)](http://communities.qld.gov.au)

### Department of Children, Youth Justice and Multicultural Affairs

- [Locate your Regional Intake Service](#)
- Central Queensland: **1300 703 762**
- After hours service **1800 177 135**

### Police

- [Find your local station](#)
- [Alternative Reporting Options \(ARO\)](#)
- [Alternative Reporting Options | QPS \(police.qld.gov.au\)](http://police.qld.gov.au)
- <https://www.police.qld.gov.au/units/victims-of-crime/support-for-victims-of-crime/adult-sexual-assault/alternative-reporting>
- Gladstone: **4971 3222**

### Policelink

- [Find out about Child Protection](#)
- Phone: **131 444**



**BEFORE YOU PROCEED, CHECK YOU HAVE:**

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

**DETAILS OF PERSON/S COMPLETING FORM**

Please tick any relevant boxes below that describe who you are:

- Parent / Caregiver    Child / Young Person    Volunteer    Staff Member

Name/s

Contact Details

Phone:

Mobile:

Email:

Signature/s

Date

**CHILD /CHILDREN DETAILS**

Name/s of child / children

Name/s

Date of Birth

Name/s

Date of Birth

Name/s

Date of Birth

Name/s

Date of Birth

Language/s spoken by the child / children

Does the child / children identify as Aboriginal or Torres Strait Islander

- No    Yes, Aboriginal    Yes, Torres Strait Islander

Does / Do the child / children have any disabilities, mental or physical health concerns?  
(If so, please provide details.)

Family background / any known previous history of suspected abuse

(prior to this incident, relevant information with parenting or care arrangements and sibling names and ages):

|   |   |               |
|---|---|---------------|
| <b>INCIDENT DETAILS</b>                 | Date occurred   | Time occurred |
|   | Location  |               |
|   | Name of Alleged Person  |               |
|   | Gender of Alleged Person <input type="checkbox"/> Male <input type="checkbox"/> Female  |               |
|   | Date of Birth (if known)  |               |
|   | Relationship to child (if any)  |               |
|   | Contacts (if known)   |               |
|   | Address (if known)  |               |
| <b>INCIDENT CATEGORY</b>                | <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional/Psychological Abuse <input type="checkbox"/> Neglect |               |
|   | Did the child require First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |
|   | Details of First Aid Provider   |               |
|   | Did Emergency Services attend <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |
| <b>INDICATORS / RED FLAGS TO REPORT</b> | <input type="checkbox"/> Physical Indicators <input type="checkbox"/> Behavioural Indicators  |               |
|   | <input type="checkbox"/> Patterns of escalation leading up to a disclosure or suspicion   |               |
|   | Details   |               |
|   |   |               |
|   |   |               |
|   |   |               |
| <b>INCIDENT DESCRIPTION</b>             | Description of the incident<br>(What did you see? What was reported to you? Any other relevant information)   |               |
|   |   |               |
|   |   |               |
|   |   |               |
|   |   |               |
|   |   |               |
|   | Reports directly from the child<br>(Use the child's exact words, or specific details of the child / children provided)  |               |
|   |   |               |

|  |  |
|--|--|
| <b>INCIDENT DESCRIPTIONS (CONTINUED)</b> | Who was involved?<br>(List all parties involved in the incident as well as any parties who were referred to during the disclosure)       |
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|  |  |
|  | Immediate action taken<br>(Include step by step response you took. Include times and contact information for parties who were contacted) |
|  |  |
|  |  |
|  |  |
|  |  |
| <b>NOTIFICATION</b>                      | Were the child/children's parents/caregivers contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
|  | Name of Parents/Caregivers   |
|  | Contact Details of Parents/Caregivers  |
|  | Phone:   |
|  | Mobile:  |
|  | Email:   |
|  | Date and Time of contact   |
| If no action, provide reason/s why       |  |
|  |  |
|  |  |
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|   |  |
|---|--|
| OFFICE USE -<br>INITIAL   | Date Received  |
|   | Receiving Person/s name  |
|   | Action taken in response<br>(Any further follow up required with authority, support for reporter, debriefing, reviews / adjustments to policies) |
|   |  |
|   |  |
|   |  |
|   |  |
|   | Outcomes<br>(What has happened as a result of this report)   |
|   |  |
|   |  |
|   |  |
|   | Review Date calendarised <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | Incident finalised <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Finalised by  |  |
| Signature/s   |  |
| Date  |  |
| OFFICE USE -<br>REVIEW<br>(to occur 4-6<br>weeks after the<br>incident, suspicion<br>or disclosure) | <b>Current safety and wellbeing of the child / young person</b>  |
|   | Is the child / young person safe from abuse and harm? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|   | If not, consider the need to make a further report   |
|   | <b>Current wellbeing of other children who may be impacted by the abuse</b>  |
|   | Are there any other children who may be impacted by the abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
|   | If yes, have their needs been met?   |
|   | <b>Current wellbeing of the persons who witnessed / reported the abuse</b>   |
|   | Does the person who made the report require any support? <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
|   | If yes, has this support been provided?  |
|   |  |
|   | Further details  |
|   |  |
|   |  |
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