**Child Safety Incident Reporting Form**

This form is to be completed as soon as possible after a child safety incident, disclosure, or concern is identified.  
All information should be factual and objective. If a child is in **immediate danger**, call **000**.

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| --- | --- |
| **Reporter Details** | |
| **Name:** |  |
| **Position/Role:** |  |
| **Club/Team (if applicable):** |  |
| **Contact Phone:** |  |
| **Email:** |  |
| **Date of Report:** | / / |
| **Time of Report:** |  |

|  |  |
| --- | --- |
| **Child/Young Person Details** | |
| **Full Name:** |  |
| **Date of Birth (or Approx. Age):** |  |
| **Gender:** |  |
| **Club/Team Affiliation:** |  |
| **Cultural Background (if known):** |  |
| **Does the child identify as:** | ☐ Aboriginal/Torres Strait Islander ☐ From a culturally or linguistically diverse background ☐ Having a disability ☐ None of the above / Not known |

|  |  |
| --- | --- |
| **Details of the Incident/Disclosure/Concern** | |
| **Date of Incident:** |  |
| **Time of Incident:** |  |
| **Location of Incident:** |  |
| **Type of Concern:** | (tick all that apply) ☐ Physical abuse ☐ Sexual abuse or grooming ☐ Emotional abuse ☐ Neglect ☐ Inappropriate behaviour by an adult ☐ Bullying or peer-related harm ☐ Breach of Child Safety Code of Conduct ☐ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Describe the incident or concern (include what was said or observed, who was involved, and how it happened):**  
*(Use additional pages if needed)*

**Was the child injured?** ☐ Yes ☐ No  
If yes, describe the injuries and any treatment given:

**Has the child said anything?**  
*(Direct quotes if possible):*

**Immediate Actions Taken**

☐ Ensured child’s immediate safety  
☐ Contacted police/emergency services  
☐ Reported to BFNL Child Safety Officer  
☐ Reported to DFFH Child Protection  
☐ Contacted parent/guardian (if appropriate)  
☐ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of actions taken (including who was contacted and when):**

|  |  |
| --- | --- |
| **Reporting to Authorities *(if applicable)*** | |
| **Reported to Child Protection:** | ☐ Yes ☐ No |
| **Date & Time:** | / / : PM / AM |
| **Spoken to:** |  |
| **Advice/Outcome:** |  |
| **Reported to Police:** | ☐ Yes ☐ No |
| **Date of Report:** | / / : PM / AM |
| **Station/Officer Name:** |  |
| **Advice/Outcome:** |  |

|  |  |
| --- | --- |
| **Follow-Up and Review** | |
| **Has the Child Safety Officer been notified?** | ☐ Yes ☐ No |
| **Name of Child Safety Officer informed:** |  |
| **Date:** | / / |
| **Was the parent/guardian notified?** | ☐ Yes ☐ No If no, please explain why: |

**Any additional actions or supports provided to the child/family:**

**Declaration**

I declare that the information I have provided is accurate to the best of my knowledge and has been completed in good faith.

**Reporter Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

This form is confidential and must be stored securely in accordance with BFNL child safety recordkeeping procedures.  
Completed forms must be submitted to the **BFNL Child Safety Officer** and/or **League Management** immediately.