**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:** |  |

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| **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 |

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| **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):**

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| **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:** |  |

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| **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 ☐ NoIf 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.