



**INCIDENT REPORT FORM
(Updated on 29 May 2018)**

<p>When should this report be completed? This report should be completed when:</p> <ul style="list-style-type: none">a. Any Emergency services are contacted (e.g. police, ambulance, etc).b. An individual is injured or taken to the hospital, doctor's clinic or other medical professionals.c. There is an alleged illegal act or an individual is dismissed from the program/activity, serious disputes, damage or loss of property.d. The issue relates to child protection issue (disclosure, allegation of abuse, or report of safety concern)e. Other situations that require judgement and consultation of a leader. If in doubt, complete a report.	<p>What sections of this report do I complete?</p> <ul style="list-style-type: none">a. All situations – Sections A, B, Cb. If physical injury has occurred – Sections A, B, C, Dc. If it pertains to child protection issues – Sections A, B, C, D, E <p>What do I do with the completed form?</p> <ul style="list-style-type: none">a. Check that all information is correct to the best of your knowledge.b. Forward the form to the Safe Church Contact person(s) as soon as possible. More severe incidents must be reported immediately.c. Note that the provision of information to the statutory authorities for the protection of a child or young person is NOT a breach of confidentiality.
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Form Completed by:

First Name: _____ Last Name: _____ Contact Number: _____

Signature: _____ Date: ____/____/____

SECTION A

Briefly summarise the event in the lines below:

Date of event: ____/____/____

Time of event (AM/PM) _____ (Approximate)

Location: _____

Name of program/activity: _____

Was the program/activity supervised? Yes / No

Name of Ministry/Team Leader: _____

Did this event have permission to proceed or authorisation from Church Management? YES / NO
If NO, what was the reason permission was not obtained?

SECTION B

Details of people involved in the event (including witnesses). Attach additional page(s) if details of additional people are relevant.

Person 1

Surname: _____ Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____ Country: _____

Date of birth: ____/____/____ Gender: Male / Female

Contact number: _____

Person 2

Surname: _____ Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____ Country: _____

Date of birth: ____/____/____ Gender: Male / Female

Contact number: _____

SECTION C

- a. Were any significant instructions / warnings given before the event? YES / NO
If YES, please give details.

- b. Provide a FACTUAL account of the event in your own words. Where did it occur? What time? Who was involved? What happened? How did it occur? Record facts and not assumptions. Attach additional pages (s) if insufficient space.

- c. What action(s) has been taken? Be specific, noting times if possible. Attach additional pages (s) if insufficient space.

d. What follow-up (in your view) needs to occur and by whom?

e. If relevant, have the following person(s) been informed or actions taken?

Parent / Guardian notified (if persons of interest are Under 18)? YES / NO

If YES, reported by: _____ Contact Number: _____

Person 1 : Name of Parent / Guardian: _____ Contact number: _____

Person 2 : Name of Parent / Guardian: _____ Contact number: _____

Police notified? YES / NO

If YES, reported by: _____ Contact Number: _____

Name of officer: _____ Contact Number: _____

Police Station: _____ Reference Number: _____

Photos / Recordings taken of the event site? YES / NO

Other (please specify): _____

SECTION D: To be completed only if the event involved an injury

Circle the relevant response, if required.

a. The injured person was a (Participant / Team Member / Other (please specify: _____)).

b. Nature of injury (e.g. sprained ankle): _____

c. Body Part injured: _____

d. Cause of injury (e.g. slip on floor): _____

e. Pre-existing Conditions: Does the injured person suffer from any pre-existing condition which may have caused or aggravated the injury? YES / NO

If YES, please provide details:

f. Was immediate treatment given? YES / NO
If YES, who administered treatment? _____

Phone Number of first aid attendant: _____

What medical first aid was given? Provide details of treatment.

Was a call made for ambulance transport? YES / NO

How was injured cared for while waiting for ambulance (or other transport)? Who was involved in caring for injured person? (e.g. Team member put an ice pack on swelling while XYZ was sitting on a chair)

Time of arrival of ambulance from call: _____

Was person sent to a clinic or hospital? YES / NO.

If YES, please state clinic/hospital name: _____

What steps were taken to reduce the hazard or prevent further incidents from recurring?

SECTION E: To be completed only if the event relates to a child protection issue

Disclosure of abuse, allegation of abuse or Report based on reasonable grounds.

Date of disclosure/Report: ____/____/____ Time of disclosure/Report: _____

Nature of alleged abuse (select relevant items): Physical / Emotional / Sexual / Neglect / Family Violence

Person 1 (Person reporting)

Surname: _____ Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Contact number: _____

Role/Title: _____

Person 2 (Child/Young Person)

Surname: _____ Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____

- In Confidence When Completed -

Date of birth: ____/____/____ Gender: Male / Female

Contact number (if applicable): _____

Person 3 (Parent/Carer/Guardian)

Surname: _____ Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Contact number: _____

Relationship to Child: _____

Is the Child/Young person aware of this disclosure? YES / NO

Have the Parent/Carer/Guardians of the victim been notified? YES / NO

Does this disclosure involve a family member? YES / NO

Other comments:

Person 4 (Alleged perpetrator)

Surname: _____ Given Name(s): _____

Address (if known): _____

Suburb: _____ Postcode: _____

Email (if known): _____ Contact number (if known): _____

Relationship to Child: _____

Does the child/young person know this person? YES / NO

If YES, provide details of the relationship

Is this person involved in ministry? YES / NO

If YES, in what ministry role or capacity? (e.g. team leader, elder, member, etc)

Does the alleged perpetrator know about this report? YES/ NO

IF YES, spoken to by: _____ Date: ____/____/____

What was this person told? _____

Person 5 (Witnesses other than the child/young person), if any.

Surname: _____ Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Contact number: _____

Relationship to Child: _____

Nature of Report

Select (Circle): Report is based on a DISCLOSURE / Report is based on REASONABLE CONCERNS

- a. Provide details of the concern, allegation or complaint. Include dates/time and location of the incident(s) as disclosed (if known) or reported. Attach additional page(s) if there is insufficient space here.

Action Taken

- b. Have you reported this matter to the Police? YES/ NO

If YES, reported by: _____ Date: ____/____/____

Name of Officer: _____

Police Station: _____ Reference No.: _____

- c. Have you reported this matter to the Dept. of Health and Human Services? YES/ NO

If YES, reported by: _____ Date: ____/____/____

Name of Officer: _____

Location: _____ Reference No.: _____

- d. If a Church staff member is involved, have you reported this matter to the CCVT Safe Places Coordinator?
YES/ NO

If YES, reported by: _____ Date: ____/____/____

- In Confidence When Completed -

Reported to: _____

Contact Number: _____

- e. Have you reported this matter to the Commission for Children and Young People (CCYP) under the Victorian Reportable Conduct Scheme? (see www.ccyp.vic.gov.au) YES/ NO

If YES, reported by: _____ Date: ____/____/____

Reported to: _____

Contact Number: _____

- f. What other action has been taken? Be specific, noting dates/times and location. Attach additional page(s) if there is insufficient space here.

Does this disclosure/report refer to the misconduct of a church leader? YES / NO

Has the Child Safe Contact person been notified? YES / NO

Does this disclosure/report require a report to statutory authorities? YES / NO

Follow-up action required

Please provide details of follow-up action to take place. Attach additional page(s) if there is insufficient space here.