Form 001Child Safety Incident Report

Child Safety Incident Report Form

Child Safety Concern or Incident Details

Date of Report: _____

Time of Report: _____

Location: _____

Person Completing Report: _____

Position: _____

Child or Young Person Involved

Name: _____

Age (if known): _____

Parent/Guardian: _____

Contact Details: _____

Nature of Concern or Incident

☐ Disclosure of abuse

☐ Suspected abuse or neglect

☐ Grooming behaviour

☐ Bullying or harassment

☐ Breach of Child Safe Code of Conduct

☐ Inappropriate communication or social media use

☐ Unsafe supervision practice

☐ Other:

Description of Incident or Concern

Provide a factual account of what was observed, disclosed, or reported. Use the child's own words where possible and avoid assumptions or opinions.

Immediate Actions Taken

Persons Notified

Name: _____

Position: _____

Date and Time Notified: _____

External Agencies Contacted (if applicable)

☐ Queensland Police Service

☐ Child Safety Services

☐ Emergency Services

☐ Other:

Reference Number (if applicable):

Follow-up Actions Required

Signatures

Report Completed By:

Name: _____

Signature: _____

Date: _____

Management Review:

Name: _____

Signature: _____

Date: _____