

Safeguarding Incident Report Form



If you require assistance completing this form, contact the Safeguarding Manager on 0448 771 068.

If you have immediate concerns for the safety and/or wellbeing of the child or young person contact the Safeguarding Manager on 0448 771 068, your Local Child Protection Office or Crisis Care Unit on 089 223 1111/Freecall 1800 199 008 to discuss your concerns.

If it is a life-threatening situation, please call WA Police on Triple Zero (000).

» If the incident is relating to Work, Health and Safety, please complete an [Incident Report form](#)

1. Details of person reporting the incidence (for persons not directly involved)

Person making report

Centre

Role and relationship to young person

Are you a mandatory reporter?
(e.g., registered teacher who is working as a teacher)

Yes No

If yes, has a MR been made?

Yes No

MR reference number

2. Type of Incident

- Suspicion, allegation, observation or disclosure of abuse or neglect
- Severe challenging behaviour e.g. violence, destroying equipment/ building, sexualised behaviour
- Suspicion or disclosure of potential harm (including non-suicidal self-injury or suicidal ideation)
- Breach of duty of care (e.g. supervision incident, missing child/young person, child/young person left on a bus, child/young person locked in or out of a Centre). For a missing child, contact the Safeguarding Manager
- An allegation or disclosure of abuse or criminal matters involving a staff member, volunteer, or contractor
- Breach of confidentiality that may put a child/young person at risk
- Child or young person unlawfully taken (contact Police immediately)
- Breach of Code of Behaviour
- Home address not safe for child, no other safe location determined
- Home address not safe for child, alternative location determined (include address in Section 8 and complete Section 9)

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3. Details of child/young person impacted by incident

Surname		Given Name	
DOB or Age		Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>

4. Details of parent/guardian (if known)

Surname		Given Name	
Telephone		Email	
Address			

Is there another child or young person affected by this incident?
(please create a separate incident report for each affected child/young person) Yes No

5. Details of person/s allegations have been made against

Name (if known)	
Connection to child/young person (if known)	
Any other relevant information	
Is there another person/s that allegations have been made against?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name (if known)	
Connection to child/young person (if known)	
Any other relevant information	
Were there any witnesses to the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Details of witnesses

Name (if known)	
Connection to child/young person (if known)	
Contact phone number	
Any other relevant information	

7. Details of incident

Describe the incident including behaviour, any sighted injury or other indicators of abuse, information provided by the child/young person

Incident date and time	
Where the incident occurred	

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Description of the incident e.g. what happened

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8. Details of action taken (if any)

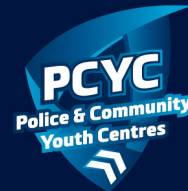
Details of action taken to ensure the safety of child/young person (include alternative address taken to, if applicable)

Details of action taken to support needs of the person's or family

Details of action taken to support the person allegations are against

Details of action taken to support needs of anyone else involved

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9. External notifications

Parent/Guardian notified Yes No

If yes

Name

Date and time informed

Text Verbal Phone Email Note left

Externally

- | | |
|--|---|
| <input type="checkbox"/> Police (000) | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> YPO/Community Liaison | <input type="checkbox"/> Other - please state |
| <input type="checkbox"/> CPFS | <input type="checkbox"/> Not required |

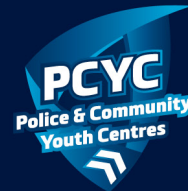
Name and position

Date and time informed

Advice provided

Reference Number
(if given)

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10. Internal notifications

The Safeguarding Manager must be notified of this incident
Any incidents which require notifications to **Emergency Services/Medical services** must be reported to the Safeguarding Manager within 24 hours.

Name		Date and time informed	
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Position			
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Name		Date and time informed	
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Position			
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This form should be emailed to the Safeguarding Manager at safeguarding@wapcyc.com.au Sent Not sent

11. Continuous improvement

What PCYC policies, procedures, documents assisted you to manage this incident?

What additional policies, procedures, tools, training or support would have been helpful to manage this incident?

Person making report

Surname		Given Name	
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Signature		Date	
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It is the responsibility of the person making the report to ensure it is submitted direct to the PCYC Safeguarding Manager at safeguarding@wapcyc.com.au