

CYRM INCIDENT REPORT FORM

Labrador Tigerstix Hockey Club



All incident reports will be stored securely.

This report form can be used by a child or their family if they disclose an allegation of abuse or safety concern in our organisation. Our staff and volunteers can also use this form to record disclosures or suspicions of harm.

DETAILS OF PERSON/S COMPLETING THE INCIDENT REPORT FORM:

Please tick any relevant boxes below that describe who you are:

- Parent / Caregiver Child / Young Person Volunteer Staff Member

Name/s: _____

Contact/s: _____

Signature/s: _____

Date: _____

REPORTER PRIVACY

Does the incident reporter/s wish to remain anonymous?

- Yes No

I / we have internally reported this to: _____

I / we have reported to the external authority:

[Click here to complete an online report to the Department of Child Safety, Youth & Women](#)

CONTACT INFORMATION

Click here to insert relevant contact information for your internal staff members to which these incidents can be reported.

Department of Child Safety, Youth & Women

Police

Policelink

[Locate your Regional Intake Service](#)

[Find your local station](#)

[Find out about Child Protection](#)

After hours service **1800 177 135**

[Alternative Reporting Options \(ARO\)](#)

131 444



Before you proceed, check you have:

- Moved to a suitable environment, free of distractions
- Let the child use their own words to explain what has occurred
- Reassured the child / young person that it is OK that they have told you what has been happening
- Addressed any concerns about the child/young person's safety
- Reassured the child or young person that they are not at fault and not the cause of any distress you may feel
- Provided the child with an incident report form to complete (where appropriate) or offered to complete it together

CHILD/CHILDREN DETAILS:

Name(s) of child/children: _____

DOB:
DOB:
DOB:
DOB:

Language(s) spoken by the child/children: _____

Does the child/children identify as Aboriginal or Torres Strait Islander

No Yes, Aboriginal Yes, Torres Strait Islander

Does the child/children have any disabilities, mental or physical health concerns?

Family Background / Any known previous history of suspected abuse (prior to this incident, relevant information with parenting or care arrangements and sibling names and ages):

INCIDENT DETAILS:

Date occurred: _____
Time occurred: _____
Location: _____
Name of the Alleged Person: _____
Gender of the Alleged Person: _____
DOB (if known): _____
Relationship to child (if any): _____
Contact/s (if known): _____
Address (if known): _____

INCIDENT CATEGORY

Physical Abuse Neglect
 Sexual Abuse
 Emotional/Psychological Abuse

Did the child require First Aid?

Yes No

Details of First Aid Provider:

Did emergency services attend?

Yes No

INDICATORS / RED FLAGS TO REPORT

Physical Indicators Behavioural Indicators Patterns of escalation leading up to a disclosure or suspicion

Details: _____

INCIDENT DETAILS (continued):

Description of the incident (what did you see? What was reported to you? Any other relevant information):

Reports directly from the child (Use the child's exact words, or specific details the child/children provided):

Who was involved? (List all parties involved in the incident as well as any parties who were referred to during the disclosure):

Immediate action taken (Include step by step the response you took and include times and contact information for parties who were contacted):

NOTIFICATION

Was the child/children's parents/caregiver contacted?

Yes No

Name of Parents / Caregivers:

Contact Details of Parents / Caregivers:

Date & Time of contact:

If no action, provide reason/s why:

OFFICE USE:

Date Received: _____

Receiving Person/s name: _____

Action Taken in response (Any further follow up required with authority, support for reporter, debriefing, reviews/ adjustments to policies):

Outcomes (What has happened as a result of this report)

Incident finalised: Yes No

Finalised by: _____

Signature/s: _____

Date: _____

REVIEW: (to occur 4-6 weeks after the incident, suspicion or disclosure)

<p>Current Safety & Wellbeing of the child/young person</p> <p>Is the child/young person safe from abuse and harm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, consider the need to make a further report.</p>
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<p>Current Wellbeing of other children who may be impacted by the abuse</p> <p>Are there any other children who may be impacted by the abuse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have their needs been met?</p>
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<p>Current wellbeing of the persons who witnessed/reported the abuse</p> <p>Does the person who made the report require any support?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has this support been provided?</p>
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Further details/other learnings:
