

# East Sandringham Junior Football Club



## Child Safe – Incident Report

### Incident details

<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Name(s) of child/children involved:</b>	
<b>Name(s) of staff/volunteer involved:</b>	

If you believe a child is at immediate risk of abuse phone 000.

### Incident reporter wishes to remain anonymous?

*(Mark with an 'X' as applicable)*

Yes  No

### Does the child identify as Aboriginal or Torres Strait Islander?

*(Mark with an 'X' as applicable)*

No  Yes, Aboriginal  Yes, Torres Strait Islander

### Please categorise the incident

Physical violence	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>
Minor neglect	<input type="checkbox"/>
Unacceptable behaviour (physical)	<input type="checkbox"/>
Unacceptable behaviour (emotional/psychological)	<input type="checkbox"/>
Inappropriate behaviour	<input type="checkbox"/>

Please describe the incident

<b>When did it take place?</b>	
<b>Who was involved?</b>	
<b>If you were present, what did you see?</b>	
<b>If you were not present, what was reported to you?</b>	
<b>Other information</b>	

Does this incident involve discrimination based on any of the following:

- Race? No / Yes
- Gender? No / Yes
- Sexual orientation? No / Yes
- Religious or cultural beliefs? No / Yes
- Other? No / Yes (Please state): \_\_\_\_\_

Office use:

<b>Date incident report received:</b>	
<b>Staff member managing incident:</b>	
<b>Follow-up date:</b>	
<b>Incident ref. number:</b>	

Has the incident been reported?

<b>Child protection</b>	
<b>Police</b>	
<b>Another third party (please specify):</b>	