

Child Safety & Wellbeing Incident Report

This form should be completed and provided to the [Manager People & Wellbeing \(childsafety@wannonwater.com.au\)](mailto:childsafety@wannonwater.com.au) as soon as possible after forming a reasonable belief that a member of the organisation has engaged in a reportable conduct as outlined in the Child Safety & Wellbeing Procedure.

You may provide this form to a child or their family if they disclose an allegation of abuse or a safety concern resulting from Wannon Water activities or people. Employees/volunteers can also use this form to record disclosures.

If you believe a child is in immediate life-threatening danger or harm, you must contact the Police by telephoning 000 (triple zero). Everyone has an obligation by law to report a reasonable belief that an instance of child sexual abuse has occurred.

Incident details											
Date of incident:											
Time of incident:											
Location of incident:											
Name(s) of employee/volunteer involved:											
Does the child identify as Aboriginal or Torres Strait Islander?	<table> <tr> <td>Aboriginal</td> <td>Torres Strait Islander</td> </tr> <tr> <td>Unsure</td> <td>No</td> </tr> </table>	Aboriginal	Torres Strait Islander	Unsure	No						
Aboriginal	Torres Strait Islander										
Unsure	No										
Category of incident	<table> <tr> <td>Physical environment</td> <td>Sexual offence</td> </tr> <tr> <td colspan="2">Inappropriate/special relationship between adult & child</td> </tr> <tr> <td colspan="2">Physical violence (or suspicion/belief of)</td> </tr> <tr> <td colspan="2">Emotional or psychological abuse</td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>	Physical environment	Sexual offence	Inappropriate/special relationship between adult & child		Physical violence (or suspicion/belief of)		Emotional or psychological abuse		Other:	
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Inappropriate/special relationship between adult & child											
Physical violence (or suspicion/belief of)											
Emotional or psychological abuse											
Other:											



Describe the incident
When did it take place?
Who was involved? Name(s) of employee/volunteer/parent/other person involved
What did you witness?
Other information

Has the incident been reported?		
Child protection:	Yes	No
Police:	Yes	No
Third party:		
Name of incident reporter:		
Contact number:		
Does the incident reporter wish to remain anonymous?	Yes	No

Office use	
Date incident report received:	
Date Manager People & Wellbeing notified:	