



AVONDALE HEIGHTS FOOTBALL CLUB

Child Safety Incident Report

1. Incident details

Date of incident:

Time of incident:

Location of incident:

Name(s) of child/children involved:

Name(s) of adults involved:

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

2. Does the child identify as Aboriginal or Torres Strait Islander? No / Yes

Aboriginal

Torres Strait Islander

3. Please categorise the incident

Physical violence

Sexual offence

Serious emotional or psychological abuse

Serious neglect

Minor neglect

Unacceptable behaviour (physical)

Unacceptable behaviour (emotional/psychological)

Inappropriate behaviour



4. Please describe the incident

When did it take place?

Who was involved?

If you were present, what did you see?

If you were not present, what was reported to you?

Other information

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

Race? Yes / No

Gender? Yes / No

Sexual orientation? Yes / No

Religious or cultural beliefs? Yes / No

Other? Yes / No (Please state): _____

OFFICE USE ONLY:

Date incident report received:

Staff member managing incident:

Follow-up date:

Incident ref. number:

Has the incident been reported? Yes / No

Child protection Police Another third party (please specify):

Does the incident reporter wish to remain anonymous? Yes / No