

Murrayville Community College Child Safety Incident Report

Incident details

| | |
|---|--|
| Date of incident: | |
| Time of incident: | |
| Location of incident: | |
| Name(s) of child/children involved: | |
| Name(s) of staff/volunteer involved: | |

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

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"/> |

Please describe the incident

| | |
|--------------------------------|--|
| When did it take place? | |
| Who was involved? | |
| What did you see? | |
| Other information | |

Parent/carer/child use :

| | |
|---|--|
| Date of incident: | |
| Time of incident: | |
| Location of incident: | |
| Name(s) of child/children involved: | |
| Name(s) of staff/volunteer involved: | |

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Office use:

| | |
|--|--|
| Date incident report received: | |
| Staff member managing incident: | |
| Follow-up date: | |
| Incident ref. number: | |

Has the incident been reported?

| | |
|--|--|
| Child protection | |
| Police | |
| Another third party (please specify): | |

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes No

All incident reports must be stored securely by the Principal / leadership.