Child Safety Incident Report **Form**

ROYAL SOUTH STREET SOCIETY

For official use only

Child Safety Incident Report

Date Received:
Filed By:
Report Reference No:
Confidential Classification: Child Safety – Confidential

Date of Incident	
Time of Incident	
Date Reported	
Time Reported	
Person Completing Report: - **Name** - **Position/Role** - **Contact Number** - **Email** - **Relationship to the child (if applicable)**	
Child Safety Concern Details:	☐ Disclosure by child ☐ Observation ☐ Third-party report ☐ Parent/Guardian ☐ Staff/Volunteer ☐ Suspected abuse ☐ Breach of the Child Safe Code of Conduct ☐ Other child safety concern _____
Person(s) Involved: • Child/Young Person • Alleged Respondent (if known) • Witnesses • Other Persons Present	
Incident Description:	*Record factual observations only. Where possible, record the exact words spoken. Do not ask leading questions, speculate, attempt to investigate or include personal opinions.* Incident Location:

	- Venue - Discipline - Location - Date/Time (if different from above) Details:
Initial Report Recipient:	Name: Position/Role: Date: Time: Method: ☐ In Person ☐ Telephone ☐ Email ☐ Written ☐ Other
Immediate Safety Actions:	Immediate actions taken: ☐ Child removed from immediate risk ☐ Emergency services contacted ☐ Parent/Guardian notified ☐ Medical assistance provided ☐ Alleged respondent removed ☐ Risk removed or appropriately managed ☐ Other
Notifications Made: Examples: • Child Safety Officer • Executive Officer • Victoria Police	*Person/Agency. Date. Time. Method.*

• Child Protection • Parent/Guardian	
Risk Assessment:	**Is the child currently safe?** ☐ Yes ☐ No **Is there an immediate ongoing risk to other children?** ☐ Yes ☐ No If yes, describe actions taken. **Has the child or young person been provided with appropriate support?** ☐ Yes ☐ No ☐ Not applicable Immediate risks identified: Actions required: Responsible Person:
Outcome / Next Steps:	☐ Referral to Victoria Police ☐ Referral to Child Protection ☐ Internal investigation commenced ☐ Reportable Conduct Scheme notification ☐ Support provided to child ☐ Other
Follow Up Actions and Outcomes (Complete as Required)	Date: Officer: Action Taken:

	☐ Parent/guardian informed (where appropriate) Outcome:
Review and Closure:	Date reviewed: Reviewed by: Outcome: Further action required? ☐ Yes ☐ No Date closed: Authorised by:
Lessons Learned / Improvements Identified:	

Declaration

I confirm that this report is an accurate record of the information known to me at the time of completing this form. The information recorded is factual to the best of my knowledge and has not been altered or embellished.

Name: _____

Signature: _____

Date: _____

Confidentiality:

This document contains confidential child safety information. It must be handled, stored and retained in accordance with the RSSS Child Safety Reporting Policy, Privacy Policy and Records Management Policy. Access is restricted to authorised personnel with a legitimate operational or legal need to know.