## INDEPENDENT COUNTRY CO-EDUCATIONAL SCHOOLS (ICCES)



**INCIDENT REPORT FORM** 

Safeguarding Children and Young People at ICCES Events and Activities

This form should be used to document any incident, disclosure or suspicion that a child or young person has been, or is at risk of being abused, including exposure to family violence. This template should be used in conjunction with the following: Four Critical Actions for Schools: Responding to Incidents, Disclosures and suspicions of Child Abuse.

Completing this template should not impact on reporting times. If a child or young person is in immediate danger school staff should report immediately to Victoria Police. Whilst you may need to gather the information to make a report, remember it is not the role of school staff to investigate abuse, leave this to Victoria Police and/or DHHS Child Protection.

## Incident details

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children/young person / people involved:	
Name(s) of staff/volunteer involved:	

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

## Please categorise the incident

Physical violence	
Sexual offence	
Sexual misconduct	
Serious emotional or psychological abuse	
Serious neglect	
Grooming	
Breach of ICCES Code of Conduct	
Reportable Conduct	

Does the child / young person identify as Aboriginal or Torres Strait Islander?						
(Mark with an 'X' as appli	icable)					
No Yes, Al	boriginal Yes, Torres Strait Islander					
	erson from a culturally or linguistically diverse background?					
(Mark with an 'X' as applicable)						
No	Yes Details					
	g person have a disability?					
(Mark with an 'X' as appli	Yes Details:					
Please describe the in	ncident					
When did it take place and what were the circumstance?						
Who was involved?						
What did you see / hear?						

Other information			
Proposed corrective ac	tions and mitigati	on plan:	
Action	Responsible	Date	Status
	Person	completed	
Parent/carer/child/your	ng person use		
Date of incident:			
Time of incident:			
Location of incident:			
Name(s) of child/children involved:			
Name(s) of staff/volunteer involved:			
Has the incident been	reported?		
Child protection			
Police			
Commission for Children and	d Young People:		
Another third party (please s	pecify):		
Insident reporter wicho	a ta ramain anan	···········	
Incident reporter wishe		ymous?	
(Mark with an 'X' as application of the state of the stat	able)		
Yes No			
If not:			
Name of Reporter:			

Department / School of reporter:			
Contact details of reporter:			
Reporters capacity to be working with ICCES students?			
Office use:			
Date incident report received:			
Staff member managing incid	ent:		
Incident reference number:			
Follow-up date:			
Incident ref. number:			