

Does the child / young person identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No Yes, Aboriginal Yes, Torres Strait Islander

Is the child / young person from a culturally or linguistically diverse background?

(Mark with an 'X' as applicable)

No Yes Details

Does the child / young person have a disability?

(Mark with an 'X' as applicable)

No Yes Details:

Please describe the incident

When did it take place and what were the circumstance?	
Who was involved?	
What did you see / hear?	

Other information	
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Proposed corrective actions and mitigation plan:

Action	Responsible Person	Date completed	Status

Parent/carer/child/young 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 Young People:	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes No

If not:

Name of Reporter:	
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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 incident:	
Incident reference number:	
Follow-up date:	
Incident ref. number:	