

Mooloolaba Yacht Club

Child Safety Incident Report



All incident reports must be stored securely.

Incident details:

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff, volunteer, contractor or other person who we have engaged who is involved:	

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

Please categorise the incident:

(Mark with an 'X' as applicable)

Physical violence	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>

Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

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:	

Office use:

Date incident report received:	
Staff member managing incident:	
Follow-up date:	

Has the incident been reported?

Child protection:	
Police:	
Another third party (<i>please specify</i>):	

Does the Incident reporter(s) wish(es) to remain anonymous?

(Mark with an 'X' as applicable)

Yes

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No

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