Belmont 16ft Sailing Club



Child Safety Incident Report

This form should be used to record a suspicion, allegation or disclosure of child abuse or a complaint of inappropriate behavior. The form may also be provided to a child or their family if they disclose an allegation of abuse or safety concern within B16ftSC's activities.

All Incident Reports will be stored securely.

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

Name of the child or young person(s) involved:		
Name of person(s) who the complaint is made against:		
Nature of the complaint		
Date of Incident:		
Time of Incident:		
Location of Incident:		
Record what happened (this can include your observations of the child's behaviour).		
2. Details of any injuries and if the child received medical attention.		

3. Accurately record what the child said when	describing what happened.	
(In the case of an allegation of abuse, formal investig Community Services and/or NSW Police. You must red investigate, you should not "interview" the child).		
4. Details of anyone who saw what happened		
5. Does this complaint indicate the possibility of	f child abuse?	
(i.e. physical abuse, sexual abuse, emotional or psych	ological abuse or serious neglect)	
Yes No		
6. Has the incident been reported? If so, who c	did you make a report to?	
Family & Community Services (via child story link or via 132 111)		
Office of Children's Guardian website		
NSW Ombudsman	l time.	
Name of person(s) spoken to including date and	a iirile.	
OFFICE USE:		
Date of Incident Report received:		
Person managing Incident:		
Name of the person making the complaint:		
Complainant wishes to remain anonymous:	Yes No	