

DOGS VICTORIA CHILDREN & YOUNG PEOPLE INCIDENT REPORT FORM

Incident details

Event Name:	
Date of incident:	
Time of incident:	
Location of incident:	
Date Identified (if different)	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	
	If you believe a child is at immediate risk of abuse phone 000.

Please categorise the incident

	Tick	Comments
Physical violence		
Sexual offence		
Sexual misconduct		
Serious emotional or psychological abuse		
Serious neglect		
Grooming		
Breach of the Child Safe Code of Conduct		
Reportable Conduct inappropriate behaviour		

Please describe the incident

Overview	
When did it take place and what were the circumstances:	
Who was involved?	



What did you see if present / hear?	
Other information:	

Does the incident involve discrimination?

Race? No / Yes
Gender? No / Yes
Sexual orientation? No / Yes
Religious or cultural beliefs? No / Yes
Other? No / Yes (Please state): _____

Details of the person reporting the incident:

Name:	
Role:	
Contact Details:	

Dogs Victoria Office Use:

Date incident report received:		
Staff member managing incident:		
Incident ref. number:		
Has the incident been reported?	Date Notified	Comments
Child protection		
Police		
Another third party (please specify):		

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