



# Child Abuse Incident Report Form

## Chabad Youth

[This form must be used to record details of a Child Abuse Incident or Allegation]

|                                         |                                                                  |                               |                                                                 |
|-----------------------------------------|------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|
| <b>Child / Client Name:</b>             |                                                                  |                               |                                                                 |
| Program:                                |                                                                  |                               |                                                                 |
| Date of incident:                       |                                                                  | Site where incident occurred: |                                                                 |
| Person making Report:                   |                                                                  | Role & Relationship to Child: |                                                                 |
| Type of incident (tick all that apply): |                                                                  |                               |                                                                 |
| <input type="checkbox"/>                | Suspicion or allegation of abuse or neglect of client            | <input type="checkbox"/>      | Serious breach of client confidentiality                        |
| <input type="checkbox"/>                | Suspicion of potential harm to a client                          | <input type="checkbox"/>      | Serious breach of duty of care                                  |
| <input type="checkbox"/>                | Potential abuse by or criminal matters involving an employee     | <input type="checkbox"/>      | A complaint                                                     |
| <input type="checkbox"/>                | An episode of severe challenging behaviour                       | <input type="checkbox"/>      | A complaint involving legal proceedings                         |
| <input type="checkbox"/>                | Potential harm to an employee resulting from harassment/bullying | <input type="checkbox"/>      | A serious incident as defined in the Incident Management policy |

### Details of the child / young person affected by the incident

[A Separate Child Abuse Incident Report Form should be completed for each child]

|                                                       |          |        |
|-------------------------------------------------------|----------|--------|
| Full name                                             |          |        |
| Date of birth                                         |          | Gender |
| Any communication or medical requirements             |          |        |
| Parent / guardian name                                |          |        |
| Parent / guardian contact/s phone                     | (Home)   | (Work) |
|                                                       | (Mobile) |        |
| Parent / guardian address                             |          |        |
| Any known parent / guardian communication requirement |          |        |



**Details of other persons involved**

|                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Alleged perpetrator(s) details:</b>                                                                                                                                |  |
| Name – if known.                                                                                                                                                      |  |
| Connection with the child – if known                                                                                                                                  |  |
| Any other relevant factors:                                                                                                                                           |  |
| <b>Were there any other witnesses to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br><b>If yes, please provide their details below:</b> |  |
| Full name                                                                                                                                                             |  |
| Involvement as witness                                                                                                                                                |  |
| Contact phone number                                                                                                                                                  |  |
| Full name                                                                                                                                                             |  |
| Involvement as witness                                                                                                                                                |  |
| Contact phone number                                                                                                                                                  |  |

**Details of incident**

(Please describe the incident including alleged perpetrator/s behavior, sighted injury or other indicators of abuse, conversations with the child)

**Action undertaken (if any):**

|                                                                      |  |
|----------------------------------------------------------------------|--|
| To ensure the safety of child/client:                                |  |
| To address the support needs of the child / client and their family: |  |
| To address the support needs of the alleged perpetrator:             |  |
| To address the support needs of other personnel involved:            |  |

**Incident response**

**Please tick who of the following have been informed of this incident:**

|            |                                                                                                                                                                                                                                               |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Externally | Police <input type="checkbox"/> Child Protection <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor <input type="checkbox"/> Family / Carer <input type="checkbox"/><br>Other (please specify) <input type="checkbox"/> _____ |
| Internally | Manager (please specify):<br><i>Please note that a Manager must be informed</i>                                                                                                                                                               |

**Police**

|                          |  |                   |  |
|--------------------------|--|-------------------|--|
| Date:                    |  | Time:             |  |
| Name of person notified: |  | Position:         |  |
| Department / region:     |  | Contact detail/s: |  |
| Advice provided:         |  |                   |  |

**Child Protection**

|                          |  |                   |  |
|--------------------------|--|-------------------|--|
| Date:                    |  | Time:             |  |
| Name of person notified: |  | Position:         |  |
| Department / region:     |  | Contact detail/s: |  |

Advice provided:

**Parent / guardian**

Has the been informed of the incident: Yes  No

(If appropriate) has the been informed the authorities being notified: Yes  No

If yes, please provide relevant details of conversations:

*E.g. (information provided, reactions, concerns and admissions)*

If no, please explain why:

**Please provide details of which manager/s or other personnel has been informed of the incident?**

Full name:

Position / title:

Date and time informed:

Full name

Position / title:

Date and time informed:

**Additional comments:**

**Acknowledgement of form completion**

I have completed this form to the best of my knowledge and ability

Name

Position

Signed

Date

**Supervisor**



|                                                                   |  |          |  |
|-------------------------------------------------------------------|--|----------|--|
| <b>I have checked that all sections of this form are complete</b> |  |          |  |
| Name                                                              |  | Position |  |
| Signed                                                            |  | Date     |  |

**Privacy Disclaimer:**

Chabad Youth acknowledges and respects the privacy of all its staff, volunteers, contractors and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used and disclosed for the purposes it intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and Chabad Youth

