Aspendale Gardens Primary School
Standard 5

Incident Report

April 2018

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 involved:	

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

Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No ☐   **Yes, Aboriginal** ☐   **Yes, Torres Strait Islander** ☐

Please categorise the incident

Physical violence ☐

Sexual offence ☐

Serious emotional or psychological abuse ☐

Serious neglect ☐

Please describe the incident

When did it take place?	
Who was involved?	

What did you see?	
Other information	

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:	
Incident ref. number:	

Has the incident been reported?

Child protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes ☐ **No** ☐