

This form **MUST** be completed as soon as possible (and within 24 hours) after **ANY** child protection incident involving children.

This may include **Concern, Allegations, Disclosures** or **Actual Incidents of Abuse**.

<u>Details of Concern/Allegation/Incident</u>	
<p>Record as much information as you can about the concern/allegation/disclosure or incident</p> <ul style="list-style-type: none"> • Include the date, time and location of the event and the date of when you were told if these differ. • What you saw or were told and by whom using their language. • Describe any injuries that you saw, their location and draw these on the body map below (Page 4). • What action was taken to: <ul style="list-style-type: none"> ✓ Immediately safeguard the child (if needed) ✓ Escalate the concern <p>When completing this form it is important to keep it factual and not to offer an opinion.</p> <p><i>(Complete on separate sheet if necessary)</i></p>	

<p>Name of alleged perpetrator(s) and where they work (if appropriate)</p> <p>Status - Parent/Guardian Chaperone Executive Committee Member Instructor Member Other (Please state)</p>	<p>1. Name:..... Place of work:.....</p> <p>2. Name:..... Place of work:.....</p> <p>3. Name:..... Place of work:.....</p> <p>4. Name:..... Place of work:.....</p> <p>5. Name:..... Place of work:.....</p>
<p>Name of witness(es) to the allegation/disclosure/incident</p> <p>Status - Parent/Guardian Chaperone Executive Committee Member Instructor Member Other (Please state)</p>	<p>1. Name:..... Place of work:.....</p> <p>2. Name:..... Place of work:.....</p> <p>3. Name:..... Place of work:.....</p> <p>4. Name:..... Place of work:.....</p> <p>5. Name:..... Place of work:.....</p>

