

Appendix 3: Child Protection Incident Reporting Sheet

CHILD PROTECTION INCIDENT REPORTING SHEET

Please fill out as many sections as possible with as much detail as you can. This form is confidential.

Location:
Your name:
Your position:
Child's name:
Age/date of birth:
Child's address (if known)/ nationality:
Name of Parents/guardians/carers and addresses (if known)/ nationality:
Date and time of incident:
Employee, program staff or Authorised representative involved in incident:
Place where incident occurred:
Your observations:
Details of Concern/ Suspicion/ Incident: Describe what happened: time, dates, names of person(s) involved, behaviour or physical signs observed, any other details:

Details of any conversation with the child:

Action taken so far:

Individuals/Agencies contacted (include date, time, and details below)

Police Yes/No

Name and contact number:

Details of advice received:

Social services Yes/No

Name and contact number:

Details of advice received:

Stella's Child Management

Name and contact number:

Details of advice received:

Other Local authority:

Name and contact number:

Details of advice received:

Signature:

Print Name:

Date: