**PCA Families – Child Safe Incident Form**

**When to use this form?**

 This form is used to notify us of:

* any incident, disclosure or suspicion that a child has been, or is at risk of being abused by a PCA Families director, employee, contractor or volunteer, or any other party

*OR*

* Breach of the PCA Families [Code of Conduct](https://ppss135.sharepoint.com/sites/General/Shared%20Documents/Governance/7.%20Board%20policies/Code%20of%20conduct%20August%202022%20Final%20with%20signature.pdf) regarding Child safety specifically.

This form should be used in conjunction with the PCA Families’ [Child Safe Policy](https://ppss135.sharepoint.com/sites/General/Shared%20Documents/Governance/7.%20Board%20policies/Child%20safe%20policy%20September%202022%20FINAL.pdf)

**Completing this form should not impact on reporting times. If a child is in immediate danger please report immediately to Victoria Police by dialling 000.**

When completing this form your aim should be to provide as much information as possible. This information will be critical to any reports and may be sought at a later date if the matter is the subject of Court proceedings. All information provided will be stored securely in accordance with [PCA Families Privacy Policy](https://ppss135.sharepoint.com/sites/General/Shared%20Documents/Governance/7.%20Board%20policies/0.%20FInal%20policies%20and%20procedures%20for%20employees/Child%20safe%20policy%20September%202022%20FINAL.pdf).

Name of Reporter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Report: / /

Contact details of Reporter (phone, email, address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Incident details

|  |  |
| --- | --- |
| Date of incident: |  |
| Time of incident: |  |
| Location of incident: |  |
| Name(s) of child/children involved: |  |
| Name(s) of parents/carer of child/children involved |  |
| Name of alleged perpetrator: |  |
| Name(s) of PCA Families director/employee/contractor/volunteer involved: |  |
| Your relationship/role to child/children 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/hear/observe? |  |
| Other information |  |

#### Have you reported the incident to anyone else?

|  |  |
| --- | --- |
| Child protection |  |
| Police |  |
| Another third party (please specify): |  |

#### Incident reporter wishes to remain anonymous?

(Mark with an ‘X’ as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  |  **No** |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_