

# Child Safety Incident Report

## Little Athletics Victoria



The child safe standards require that the Little Athletics Association of Victoria, and its Regions, Centres and Clubs have processes for responding to and reporting child safety concerns or suspected child abuse.

This Incident Report forms part of this process. Furthermore, all persons have an obligation by law to report any reasonable belief that an instance of child sexual abuse has occurred.

All incident reports must be stored securely. You can provide this resource to a child or their family if they disclose an allegation of abuse or safety concern in a Little Athletics organisation. Staff/Volunteers can also use this resource to record disclosures. All incident reports must be stored securely.

### Incident Details

DATE OF INCIDENT

TIME OF INCIDENT

LOCATION OF INCIDENT

NAME(S) OF CHILD(REN) INVOLVED

NAME(S) OF STAFF/VOLUNTEER/PARENT/OTHER PERSON 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)

Yes, Aboriginal

Yes, Child with Disability

Yes, Culturally Diverse

Yes, Linguistically Diverse

Yes, Torres Strait Islander

**PLEASE CATEGORISE THE INCIDENT**

Physical Environment (Health/Hygiene etc)

Inappropriate/special relationship between adult & Child

Breach of Code of Conduct

Physical Violence (or suspicion/believe of)

Emotional or psychological abuse

Sexual offence

Other

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PLEASE DESCRIBE THE INCIDENT

When did it take place?

Who was involved?

What did you see?

Other information

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## OFFICE USE

DATE INCIDENT REPORT RECEIVED

COMMITTEE MEMBER MANAGING INCIDENT

DATE LAVIC NOTIFIED

FOLLOW-UP DATE

HAS THE INCIDENT BEEN REPORTED?

Child protection

Police

Another third party (please specify)

INCIDENT REPORTER WISHES TO REMAIN ANOYMOUS

(Mark with an 'X' as applicable)

Yes

No

Notes