Safeguarding: Incident Report Form

Details of person making this report (if not confidential)
Name
Phone
Email
Details of Incident
Date of Incident Time of Incident:
Place of Incident
If you did not see the incident, when were you first told about it?
Date Time
Name of alleged victim / survivor (if not confidential)
Name of alleged perpetrator (if not confidential)
Has an internal investigation been initiated? Yes \(\Boxed{\sigma}\) No \(\Boxed{\sigma}\) Date
Have immediate safety needs of the alleged victim / survivor been met? Yes \square No \square
Provide details of meeting the health, safety, and protection needs of the victim / survivor
Name those involved in the Incident (if not confidential)
Provide details of what happened in the Incident
Name the person(s) in authority in Mary MacKillop Today who was/were informed first.

Does this Incident constitute a criminal offence? LYes L No
Were the Police contacted? \square Yes \square No
If the Police were contacted, please provide the following information:
Time: Date:
Police officer's name:
Police officer's office location:
Police Officer's phone:
Police investigation:
Please describe what actions Mary MacKillop Today has been taken to address safety risks and what will be done to prevent recurrence of the incident.
Signed
Print Name:
Date: