

# MARY MACKILLOP

## today

### Human Resources Policies & Templates Guide

**TITLE OF FORM/TEMPLATE: Safeguarding Incident Report Form**

**RELATED POLICY: Safeguarding**

<b>HOW TO USE HR FORM OR TEMPLATE</b>	
PURPOSE	This form is to be filled out to report and/or respond to concerns in relation to safeguarding.
FREQUENCY	It is mandatory for all MMT staff and others to report concerns or allegations related to the safeguarding. If there is any concern, immediately follow MMT's Safeguarding Reporting Procedures.
COMPLETED BY	Australia: The CEO or Safeguarding Focal Point Overseas: Line Manager, Country Director or MMT point of contact
APPROVAL BY	This document will be viewed by the Safeguarding Committee
ADDITIONAL DETAILS	<b>Safeguarding Focal Point</b> MMT's Safeguarding Focal Points are in place who can be consulted for any clarifications or concerns.

## 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  No  Date \_\_\_\_\_

Have immediate safety needs of the alleged victim / survivor been met? Yes  No

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?  Yes  No

Were the Police contacted?  Yes  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:  Yes  Not required      Date:

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 ..... Position.....

Print Name: .....

Date:.....