



# Incident Report Form

**Purpose:** To be completed whenever an incident, injury, disclosure or concern about a child’s safety or wellbeing occurs.

This form must be completed within 24 hours of the incident and stored securely. Serious matters must also be escalated to external authorities if required.

**Fields to complete:**

**Date of incident:**  **Time of incident:**

**Location:**

**Names of child/children involved:**

**Description of incident (what happened, how, who was involved?)**

**Immediate action taken, if any (first aid, support, separation, reporting)**

**Names of staff/volunteers present**

**Reported to (Name and role of person notified)**

**Next steps planned (e.g. follow up, monitoring, escalation)**

**Declaration:**

I confirm that the information provided in this report is accurate and complete to the best of my knowledge. I understand that this report may be used for internal review and, where required, shared with relevant authorities in accordance with child safety and legal obligations.

**Your Name**

**Date:**

**Signature:**

**Office Use Only:**

Date received:

Reviewed by:

Action taken:

**Office Use Only:**

Date received:

Reviewed by:

Action taken: