

# CYRM INCIDENT REPORT FORM



## Roosters Hockey Club

*All incident reports will be stored securely.*

This report form can be used by a child or their family if they disclose an allegation of abuse or safety concern in our organisation. Our staff and volunteers can also use this form to record disclosures or suspicions of harm.

### DETAILS OF PERSON/S COMPLETING THE INCIDENT REPORT FORM:

Please tick any relevant boxes below that describe who you are:

- Parent / Caregiver       Child / Young Person       Volunteer       Staff Member

Name/s: \_\_\_\_\_

Contact/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_

Date: \_\_\_\_\_

#### REPORTER PRIVACY

Does the incident reporter/s  
wish to remain  
anonymous?

- Yes       No

I / we have internally reported this to: \_\_\_\_\_

I / we have reported to the external authority:

[Click here to complete an online report to the Department of Child Safety, Youth & Women](#)

### CONTACT INFORMATION

Click here to insert relevant contact information for your internal staff members to which these incidents can be reported.

**Department of Child Safety, Youth & Women**

**Police**

**Policelink**

[Locate your Regional Intake Service](#)

[Find your local station](#)

[Find out about Child Protection](#)

After hours service **1800 177 135**

[Alternative Reporting Options \(ARO\)](#)

**131 444**



### Before you proceed, check you have:

- Moved to a suitable environment, free of distractions
- Let the child use their own words to explain what has occurred
- Reassured the child / young person that it is OK that they have told you what has been happening
- Addressed any concerns about the child/young person's safety
- Reassured the child or young person that they are not at fault and not the cause of any distress you may feel
- Provided the child with an incident report form to complete (where appropriate) or offered to complete it together

## CHILD/CHILDREN DETAILS:

Name(s) of child/children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB:  
DOB:  
DOB:  
DOB:

Language(s) spoken by the child/children: \_\_\_\_\_

Does the child/children identify as Aboriginal or Torres Strait Islander

No  Yes, Aboriginal  Yes, Torres Strait Islander

Does the child/children have any disabilities, mental or physical health concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Background / Any known previous history of suspected abuse (prior to this incident, relevant information with parenting or care arrangements and sibling names and ages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INCIDENT DETAILS:

Date occurred: \_\_\_\_\_  
Time occurred: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name of the Alleged Person: \_\_\_\_\_  
Gender of the Alleged Person: \_\_\_\_\_  
DOB (if known): \_\_\_\_\_  
Relationship to child (if any): \_\_\_\_\_  
Contact/s (if known): \_\_\_\_\_  
Address (if known): \_\_\_\_\_

### INCIDENT CATEGORY

Physical Abuse  Neglect  
 Sexual Abuse  
 Emotional/Psychological Abuse

Did the child require First Aid?

Yes  No

Details of First Aid Provider:

Did emergency services attend?

Yes  No

### INDICATORS / RED FLAGS TO REPORT

Physical Indicators  Behavioural Indicators  Patterns of escalation leading up to a disclosure or suspicion

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCIDENT DETAILS (continued):**

**Description of the incident** (what did you see? What was reported to you? Any other relevant information):

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**Reports directly from the child** (Use the child's exact words, or specific details the child/children provided):

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**Who was involved?** (List all parties involved in the incident as well as any parties who were referred to during the disclosure):

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**Immediate action taken** (Include step by step the response you took and include times and contact information for parties who were contacted):

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**NOTIFICATION**

**Was the child/children's parents/caregiver contacted?**

Yes  No

Name of Parents / Caregivers:

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Contact Details of Parents / Caregivers:

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Date & Time of contact:

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If no action, provide reason/s why:

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**OFFICE USE:**

**Date Received:** \_\_\_\_\_

**Receiving Person/s name:** \_\_\_\_\_

**Action Taken in response** (Any further follow up required with authority, support for reporter, debriefing, reviews/ adjustments to policies):

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**Outcomes** (What has happened as a result of this report)

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**Incident finalised:**  Yes  No

**Finalised by:** \_\_\_\_\_

**Signature/s:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REVIEW:** (to occur 4-6 weeks after the incident, suspicion or disclosure)

**Current Safety & Wellbeing of the child/young person**

Is the child/young person safe from abuse and harm?  
 Yes  No

If not, consider the need to make a further report.

**Current Wellbeing of other children who may be impacted by the abuse**

Are there any other children who may be impacted by the abuse?  
 Yes  No

If yes, have their needs been met?

**Current wellbeing of the persons who witnessed/reported the abuse**

Does the person who made the report require any support?  
 Yes  No

If yes, has this support been provided?

**Further details/other learnings:**

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