**Appendix A:  Child Safety Incident Report Form**

|  |
| --- |
| **Child Safety Incident Report Form**  |
| **Date and Time of Incident**  |   |
| **Location of Incident**  |   |
| **Your contact details**  | Name: Organisation: Role: Phone Number: Email Address:  |
| **Child’s Name**  |   |
| **Child’s Date of Birth**  |   |
| **Child’s Gender**  | ¨ Male¨ Female  |
| **Parent’s/Carer’s Contact Details**  | Name: Address: Phone Number: Email Address:  |
| **Have Parent’s/Carer’s been notified of this incident?**  | ¨ Yes¨ No If yes please provide details of what was said/actions agreed:    |
| **Are you reporting your own concerns or responding to concerns raised by someone else?**  | ¨ Reporting own concerns ¨ Responding to concerns/allegations made by someone else  |
| **If responding to concerns raised by someone else, please provide further information about them:**  | Name: Position within the organisation or relationship to the child: Telephone number: Email Address:  |
| **Please categorise the nature of the incident or concern:**  **Can tick more than one box**   | ¨ Physical abuse ¨ Emotional/Psychological abuse ¨ Verbal abuse ¨ Sexual abuse ¨ Neglect ¨ Intimate partner violence ¨ Cumulative Harm  ¨ Other …………………………………………………………………   |
| **Please describe the incident or concern:** *Include relevant information such as the nature of the incident, when it took place, who was involved, whether there are any injuries, the signs and symptoms, any other relevant information.  Ensure that this is reported factually or exactly as reported to you*  |   |
| **Child’s account of the incident:** *Ensure this is reported word for word as per disclosed by the child.*  |      |
| **Please provide details of any witnesses and their account of the incident or concern:**  *Include as many witnesses as required relevant to the incident*  | Name: Position within the organisation/relationship to the child:  Date of birth (if child): Phone number: Email address: Witness statement:    |
| **Do the incident reporter and/or witnesses wish to remain anonymous?**  | ¨ Yes ¨ No If the responses vary, please confirm who wishes to remain anonymous:    |
| **Please provide details of all action taken to date:**  |      |
| **Has the incident been reported to external agencies:**  | ¨ Oranga Tamariki ¨ Police ¨ Any other third party ……………………………………….  |
| **Provide further details:** *Repeat for each external agency who have been notified*   | Name of organisation/agency: Name of contact person: Phone number: Email Address: Agreed action/advice given:    |
| **Date incident report created:**  |   |
| **Staff member managing incident:**  |    |
| **Follow up date:**  |   |

Please ensure that this record and any associated notes and stored in a confidential and safe place.