

Child Safety Incident Report Form

This form must be completed as soon as possible after a child safety incident, disclosure, or concern arises. Completed reports will be stored securely and treated as confidential.

Incident Details

Date of Incident/Disclosure: _____

Time of Incident/Disclosure: _____

Location of Incident/Disclosure: _____

Person Completing Report

Name: _____

Role/Position: _____

Contact Details: _____

Child/Children Involved

Name(s): _____

Age(s): _____

Class: _____

Person(s) Allegedly Involved (if applicable)

Name(s): _____

Relationship to Child: _____

Description of Incident or Disclosure

(Include a clear and factual account. Record the child's own words where possible. Do not include personal opinions or assumptions.)

Immediate Response

Actions taken at the time of the incident/disclosure:

Was the child in immediate danger? ☐ Yes ☐ No

Who was notified immediately?

☐ Director

☐ Parent/Guardian

☐ Emergency Services (000)

☐ Child Protection Services

☐ Other: _____

Follow-Up Actions

(Outline steps taken after the incident, such as meetings, safety planning, referrals, or ongoing monitoring.)

Signatures

Staff Member Completing Report: _____ **Date:** _____

Director/Manager Review: _____ **Date:** _____

Important Reminder:

Complete this form as soon as possible after the incident.

Do not investigate or promise confidentiality to the child.

All incidents must be reported to the MAPA Director immediately.