



# Child Safety Incident Report – PEGS Juniors

## Incident Details

Club Name:	
Date of Incident:	
Time of Incident:	
Location of Incident:	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	

If you believe a child is at immediate risk of abuse phone 000.

## Please categorise the incident

Physical violence	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>
Minor neglect	<input type="checkbox"/>
Unacceptable behavior (physical)	<input type="checkbox"/>
Unacceptable behavior (emotional/psychological)	<input type="checkbox"/>
Inappropriate behaviour	<input type="checkbox"/>

## Please describe the incident

When did it take place?	
Who was involved?	
If you were present, what did you see?	



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If you were not present, what was reported to you?	
Other information	

Does this incident involve discrimination based on any of the following:

- Race? No / Yes
- Gender? No / Yes
- Sexual orientation? No / Yes
- Religious or cultural beliefs? No / Yes
- Other? No / Yes (Please state): \_\_\_\_\_

### Office / Club use:

Date incident report received:	
Staff member managing incident:	
Follow-up date:	
Incident ref. number:	

### Has the incident been reported?

Child Protection	
Police	
Another hird party (please specify)	

### Does the incident reporters wish to remain anonymous?

(Mark with 'X' as applicable)

- Yes
- No