



P.O. BOX 6290
SHEPPARTON, 3632

Shepparton Badminton Association Inc.

(A5732R)

CHILD SAFE INCIDENT REPORT

*Incident details**

Date of Incident	
Time of Incident	
Location of Incident	
Name of child/children involved.	
Names of volunteer or Member involved.	

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

Does the child identify as Aboriginal or Torres Strait Islander?

- ☐ **Aboriginal**
- ☐ **Torres Strait Islander**
- ☐ **Not applicable**

Does the child identify as:

- ☐ **Coming from a linguistically or culturally diverse background**
- ☐ **Having an intellectual disability**
- ☐ **Having a physical disability**
- ☐ **Not Applicable**

Please Categorise the Incident:

- ☐ **Physical violence**
- ☐ **Sexual Offence**
- ☐ **Serious Neglect**
- ☐ **Emotional/Psychological abuse**

Please describe the incident

When and where did it take place?	
Who was involved?	
What did you see?	
What was reported to you and by whom?	
Any other information	

Committee use:

Date incident report received:	
Member reporting incident:	
Member managing incident:	
Follow-up date:	
Incident reference:	

Has the incident been reported?

Child protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes ☐ No ☐

(*All incident reports must be stored securely)