

# Shepparton Badminton Association Inc.

(A5732R)

### **CHILD SAFE INCIDENT REPORT**

Incident details	٠.
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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.

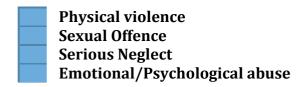
Does the child identify as Aboriginal or Torres Strait Islander?



## Does the child identify as:

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

## Please Categorise the Incident:



# 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 re	
Member reporting inci	
Follow-up date:	ident.
Incident reference:	
Has the incident been i	reported?
Child protection	
Police	
Another third party (please specify):	
· ·	es to remain anonymous?
(Mark with an 'X' a	s applicable)
es No	
All incident reports mu	st be stored securely)