

Incident Report Form – Disclosures or Suspicions of Harm

The Process involves:

Receiving a Disclosure

Remain calm and find a private place to talk

Explain why you can't keep it a secret

Only ask enough questions to confirm the need to report the matter

Do not attempt to conduct your own investigation



Documenting a Disclosure

Complete an incident report form and include:

Time, date and place of the disclosure

"Word for word" what happened and what was said, including anything you said and any actions that have been taken

Date of report and signature



Reporting a Disclosure

Department of Communities (Child Safety Services) – 1800 811 810

Queensland Police Service ([Enter local police station details here](#))



Following a Disclosure

Support and counselling will be offered to all parties involved.

The policies and procedures for handling disclosures or suspicions of harm are to be reviewed.

Definitions

Harm may be categorised in the following types:

- *physical abuse*, for example, beating, shaking, burning, biting, causing bruise or fractures by inappropriate discipline, giving children alcohol, drugs or inappropriate medication
- *emotional or physiological abuse*, for example, constant yelling, insults, swearing, criticism, bullying, not giving children positive support and encouragement
- *neglect*, for example, not giving children sufficient food, clothing, enough sleep, hygiene, medical care, leaving children alone or children missing school
- *sexual abuse or exploitation*, for example, sexual jokes or touching, exposing children to sexual acts or pornography or having sexual intercourse with a child or young person under 16 years of age (even if the child appears to have consented).

Definitions

You can suspect harm if:

- you are concerned by significant changes in behaviour or the presence of new unexplained and suspicious injuries.

Incident Report Form

Your name Music Studio

Names of the person or people involved in the incident:

Description of the incident:

Date incident occurred: _____

Time incident occurred: _____ am/pm

Location where incident occurred: _____

Immediate action taken:

If no action taken – reason:

Name of person completing form: _____

Contact telephone number: _____

Signature

Date _____ Time: _____ am/pm

Contact Numbers:

Local Police Station, **Town:** **phone number**

Child Safety Services (Department of Communities) www.childsafety.qld.gov.au

During normal business hours: **1800 811 810**

After Hours and on Weekends **1800 177 135** or (07) 3235 9999. The service operates 24 hours a day.

If you believe a child is in immediate danger or in a life-threatening situation, contact the Queensland Police Service immediately by dialling **000**.

Child Abuse Prevention Service 1800 688 009 www.childabuseprevention.com.au

Domestic and Family Violence 1800 811 811

Statewide Sexual Assault Helpline 1800 010 120

Kids Helpline 1800 55 1800 www.kidshelp.com.au

Teen Challenge Careline (youth suicide prevention) 1800 889 288 www.tc.asn.au

Useful References:

Anti-Discrimination Commission – deals with discrimination, sexual harassment, and acts of public hatred www.adcq.qld.gov.au

Australian Institute of Family Studies – information and research concerning families: www.aifs.gov.au

Commission for Children and Young People and Child Guardian www.ccypcg.qld.gov.au

Blue Card Contact Centre: 1800 113 611

Complaints and Investigations: 1800 688 275

Child Protection Act 1999 etc <http://www.legislation.qld.gov.au/OQPChome.htm>

Queensland Police Service <http://www.police.qld.gov.au/Forms/contact.asp>