

FS031 Child Safe Standards Incident Report Form for Children and Young People at BSC

Child Safe Standards Incident Report Form for Children and Young People at Building Skills Centre

This form should be used to document any incident, disclosure or suspicion that a child or young person has been, or is at risk of being abused, including exposure to family violence.

BSC Child Safety officers to be called immediately

Dale 0402 032 496 Stephen 0407 553 397

*If a child or young person is in immediate danger report immediately to Victoria Police on 000
Whilst you may need to gather the information to make a report, remember it is not the role of BSC staff to investigate abuse, leave this to Victoria Police and Commission for Children and Young People Commission protection*

Incident details

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children/young person / people involved:	
Name(s) of staff:	

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

Please categorise the incident

Physical violence

Sexual offence

Sexual misconduct

Serious emotional or psychological abuse

Serious neglect

Grooming

Breach of BSC Code of Conduct

Reportable Conduct

<input type="checkbox"/>
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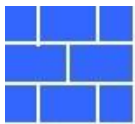
Does the child / young person identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No

Yes, Aboriginal

Yes, Torres Strait Islander



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Is the child / young person from a culturally or linguistically diverse background?

(Mark with an 'X' as applicable)

No Yes Details

Does the child / young person have a disability?

(Mark with an 'X' as applicable)

No Yes Details:

Please describe the incident

When did it take place and what were the circumstance?	
Who was involved?	
What did you see / hear?	
Other information	



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Proposed corrective actions and mitigation plan:

Action	Responsible Person	Date completed	Status

Parent/carer/child/young person use

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff involved:	

Has the incident been reported?

Child protection	
Police	
Commission for Children and Young People:	
Another third party (please specify):	

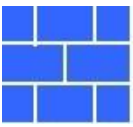
Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes No

If not:

Name of Reporter:	
Location:	
Contact details of reporter:	
Reporters capacity to be working with BSC students?	



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Office use:

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