Form: Reporting Abuse, Neglect and Exploitation

**confidential**

Completing this form prior to making a report will assist both the person reporting, the manager and all departments or agencies involved in further investigations.

**personal details**

|  |  |
| --- | --- |
| Participant’s Name |  |
| **Gender** | [ ]  Male | [ ]  Female | [ ]  Other (Indeterminate/Intersex/Unspecified) |
| **Date of Birth** |  |
| **Aboriginal or Torres Strait Islander origin?** | [ ]  Yes | [ ]  No |
| **Address** |  |
|  |
|  |
| **Phone** |  |
| **Email** |  |
| **Name of Parent/Guardian****(if applicable)** |  |

**Incident Details**

|  |  |
| --- | --- |
| Date of the alleged abuse  |  |
| **Name of alleged perpetrator if known** |  |
| **Was there any other person making this report?** | [ ]  Yes [ ]  No |
| **If Yes, specify action:** |  |  |
|  |  |  |
|  |  |  |

**Incident Details (cont.…)**

**Description of the incident and situation, including a statement of the behavioural and/or physical indicators of abuse.**

(Please attach any photographic evidence. If more space is needed, attach a separate page).

**person making this report**

|  |  |
| --- | --- |
| Name  |  |
| **Position** |  |
| **Signature** |  |
| **Date**  |  | **Time** |  |
| **Manager notified?** | [ ]  Yes [ ]  No |
| **Manager Name** |  |
| **Date notified** |  | **Time notified** |  |

What should the response be if the alleged perpetrator has contact with the participant prior to being contacted by the relevant department? (E.g. Police department, Government department)

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**Manager’s actions**

(e.g. Met with participant, family notified, outcomes of conversations)

|  |  |
| --- | --- |
| Name  |  |
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| --- | --- |
| Name of Government Department allegations reported to: |  |
| **Contact Name at Department:** |  |
| **Government Department Location** |  |
| **Date notified** |  | **Time notified** |  |

|  |  |
| --- | --- |
| Name of Police Officer allegations reported to: |  |
| **Police Department Location** |  |
| **Date notified** |  | **Time notified** |  |