

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.

1 Personal Details

Participant's Name

Gender

Date of Birth

Aboriginal or Torres Strait Islander origin?

☐ Yes

☐ No

Address

Phone

Email

Name of Parent/Guardian (if applicable)

2 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:

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).

3 Person Making this Report

Name

Position

Signature

Date

Time

Manager notified?

Manager Name

☐ Yes ☐ No

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)

4 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

Position

Date Notified

Time Notified

Police Report Case Number