



Cruising Yacht Club of Hamilton Island Child Safety Incident Report Form

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff, volunteer, contractor or another person who we have engaged who is involved:	

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

Please categorise the incident

Physical violence

Sexual offence

Serious emotional or psychological abuse

Serious neglect

Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Please describe the incident

When did it take place?	
Who was involved?	
What did you see?	
Other information	

Parent/carer/child use

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

Office use:

Date incident report received:	
Staff member managing incident:	
Follow-up date:	

Has the incident been reported?

Child protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes

No