The Victorian Government’s Child Safe Standards require the City of Port Phillip to respond to and report suspected child abuse.

This form must be completed for any incident or disclosure that takes place in a Council service or program.

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

If the incident or disclosure involves a staff member, Councillor or volunteer please contact: **Coordinator Executive and Councillor Services: 9209 6281**

This form should be completed by the staff member who witnessed the incident or handled the disclosure, with support from their manager or supervisor if required.

For the purpose of this document, child / children refer to all persons under the age of 18 years.

All Child Safe Standards Incident reports will be stored in a locked file in HPE Content Manager by the Child Safety Officer.

Incident / disclosure details

|  |  |
| --- | --- |
| Date of incident / disclosure: |  |
| Time of incident / disclosure: |  |
| Location of incident / disclosure: |  |
| Name(s) of child / children involved: |  |
| Name(s) of staff / volunteer who witnessed incident / disclosure: |  |

Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an ‘X’ as applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** |  | **Yes** |  |  |

Does the child identify as having a disability?

(Mark with an ‘X’ as applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** |  | **Yes** |  |  |

Is the child from a culturally / linguistically diverse background?

(Mark with an ‘X’ as applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** |  | **Yes** |  |  |

Please categorise the incident / disclosure.

|  |  |
| --- | --- |
| Physical violence |  |
| Sexual offence |  |
| Serious emotional or psychological abuse |  |
| Serious neglect |  |
| Grooming |  |
| Other – please specify |  |

Please describe the incident / disclosure.

|  |  |
| --- | --- |
| When did it take place? |  |
| Who was involved? |  |
| What did you see or hear? |  |
| Other information |  |

Has the incident / disclosure been reported?

|  |  |
| --- | --- |
| YES, to Child Protection | Date: |
| YES, to the Police | Date: |
| YES, to another third party (please specify) | Date: |
| NO, not reported this yet |  |

# 

What follow-up actions are proposed or have been undertaken?

To be completed with Manager or direct Supervisor

|  |  |
| --- | --- |
| **With child / children:** | Date: |
| **With family:** | Date: |
| **With staff involved in witnessing the incident or disclosure:** | Date: |

Are there actions that can be implemented by the City of Port Phillip to prevent this incident happening again?

|  |
| --- |
| Please specify: |

|  |  |
| --- | --- |
| Name(s) of staff completing this report | Name (print): |
| Signature: |
| Team: |
| Manager / supervisor | Name (print) |
|  | Signature: |
| Team/ Department/ Division: |
| Date reported |

This completed form is to be sent to the Child Safety Officer via

Helpdesk - Child Safe Standards: [helpchildsafestds@portphillip.vic.gov.au](mailto:helpchildsafestds@portphillip.vic.gov.au)