

HARM REPORT FORM

Easts Volleyball Club



All incident reports are stored **confidentially** and **securely**.

This report form can be used by a child / young person or their family if they disclose an allegation of abuse or safety concern in our organisation. Our staff and volunteers can also use this form to record disclosures or suspicions of harm.

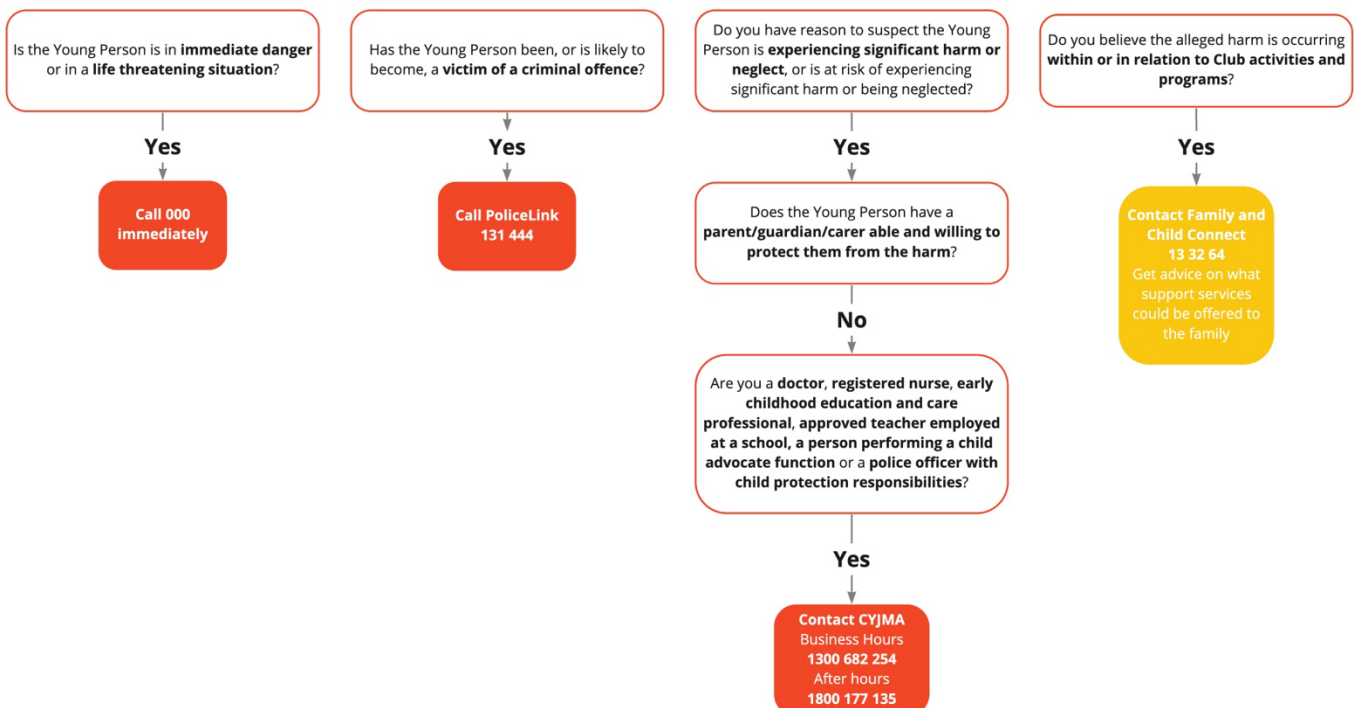
Before you proceed, check you have (where appropriate or necessary):

- Removed the young person from the source of harm
- Removed the person who is subject of the allegation as the source of harm
- Moved to a suitable environment, free of distractions
- Let the young person use their own words to explain what has occurred
- Reassured the young person that it is OK that they have told you what has been happening
- Addressed any concerns about the young person's safety
- Reassured the young person that they are not at fault and not the cause of any distress you may feel
- Provided the young person with an incident report form to complete (where appropriate) or offered to complete it together.



External Reporting

Ensure that you check the YPSP Safeguarding Incidents and the Guide to Reporting and Managing Disclosures or Suspicions of Harm.



DETAILS OF PERSON/S COMPLETING THE INCIDENT REPORT FORM:

Please tick any relevant boxes below that describe who you are:

Parent / Caregiver Child / Young Person Volunteer Staff Member Anonymous

Name	Click or tap here to enter text.
Contact	Click or tap here to enter text.
Signature/s	
Date	Click here to enter a date.

Reporter Privacy

Does the incident reporter/s wish to remain anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Internal and External Reporting

I/we have internally reported this to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/we have reported to the external authority	select

CHILD/CHILDREN DETAILS:

Details of the Young Person/People Involved

Name	DOB	Languages Spoken	Aboriginal/Torres Strait Islander
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Do any of the young person have any disabilities, mental or physical health concerns?

Click or tap here to enter text.

Family Background / any known previous history of suspected abuse (prior to this incident, relevant information with parenting or care arrangements and sibling names and ages):

Click or tap here to enter text.

INCIDENT DETAILS:

Date occurred	Click or tap here to enter text.
Time occurred	Click or tap here to enter text.
Location	Click or tap here to enter text.
Name of the alleged person	Click or tap here to enter text.
Gender of the alleged person	Click or tap here to enter text.
Date of birth of the alleged person	Click or tap here to enter text.
Relationship to Young Person	Click or tap here to enter text.
Contact/s (if known)	Click or tap here to enter text.
Address (if known)	Click or tap here to enter text.

Incident Category

- Physical Abuse
- Neglect
- Sexual Abuse/Exploitation
- Emotional/Psychological Abuse

Did the Young Person require First Aid?

- Yes
- No

Did emergency services attend?

- Yes
- No

Details of First Aid Provider:

Click or tap here to enter text.

Indicators/Red Flags to Report

- Physical Indicators
- Behavioural Indicators
- Patterns of escalation leading up to a disclosure or suspicion

Details:

Enter information here

Description of the incident

(What did you see? What was reported to you? Any other relevant information)

Click or tap here to enter text.

Reports directly from the child

(Use the young person's exact words, or specific details the young person provided)

Click or tap here to enter text.

Who was involved?

(List all parties involved in the incident as well as any parties who were referred to during the disclosure)

Click or tap here to enter text.

Immediate action taken

(Include step by step the response you took and include times and contact information for parties who were contacted):

Have you removed the child / young person from harm? **Yes** **No**

Did you removed the person who is subject of the allegation as the source of harm? **Yes** **No**

Click or tap here to enter text.

If no action, provide reason/s why:

Click or tap here to enter text.

Notification

Was the child / young person's parents/caregiver contacted? **Yes** **No**

Name of Parent/s or Caregivers

Click or tap here to enter text.

Contact details of Parent/s or Caregivers

Click or tap here to enter text.

Date and time of contact

Click here to enter a date.

Internal use only

Date Received Click here to enter a date.

Receiving Person Name Click or tap here to enter text.

Action Taken in response

(Any further follow up required with authority, support for reporter, debriefing, reviews/ adjustments to policies)

Click or tap here to enter text.

Outcomes

(What has happened because of this report)

Click or tap here to enter text.

Incident finalised Click or tap here to enter text.

Finalised by Click or tap here to enter text.

Signature/s

Date Click here to enter a date.

Review

(To occur 4-6 weeks after the incident, suspicion or disclosure)

Current Safety & Wellbeing of the child/young person

Is the child/young person safe from abuse and harm?

Yes No

If not, consider the need to make a further report.

Current Wellbeing of other children who may be impacted by the abuse

Are there any other children who may be impacted by the abuse?

Yes No

If yes, have their needs been met?
Add below

Current wellbeing of the persons who witnessed/reported the abuse

Does the person who made the report require any support?

Yes No

If yes, has this support been provided? **Add below**

Further details/other learnings

Click or tap here to enter text.