



Catholic Diocese of Sandhurst

Incident Recording Form Reportable Conduct

Code of Conduct for Caring for Children - Incident recording form

Incident Recording Form

This Incident Recording Form is part of the Catholic Diocese of Sandhurst Code of Conduct for Caring for Children.

This form may be used by anyone who wishes to record any incident in relation to reportable conduct or report any issue of concern regarding children in a parish or agency of the Catholic Diocese of Sandhurst

It should be read in conjunction with the Code of Conduct

**Name of parish/
diocesan agency** _____

**Activity name,
date/s and times** _____

Child's Details

Child's full name:	
Date of Birth:	
Age:	
Gender:	
Relationship of the child to the organisation (e.g. parishioner, participant in ministry activity, on-looker):	

Parent/Guardian Details:

Parent/guardian's name:	
Relationship to child (e.g. mother):	
Address:	
Telephone (home):	
Telephone (work):	

Telephone (mobile):	
Email address:	

Details of person completing this form:

Name:	
Position in parish or diocesan agency:	
Address:	
Telephone (home):	
Telephone (work) :	
Telephone (mobile):	
Email address:	

Details of the allegation/s made:

Was the allegation/s reported to you by another person? (please tick):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, when was the allegation reported to you?		

Details of the person reporting the incident (if different to the person completing the form):

Name:	
Date of birth:	
Telephone (home):	
Telephone (work) :	
Telephone (mobile):	
Email address:	
Position in the parish/diocesan agency:	

Details of incident or matter: (please be as descriptive as possible, include dates, locations, full names, names of any witnesses etc.)

Category of concern (please tick)	
<input type="checkbox"/>	Sexual offence committed against a child
<input type="checkbox"/>	Sexual offence committed with a child
<input type="checkbox"/>	Sexual offence committed in the presence of a child
<input type="checkbox"/>	Sexual misconduct committed against a child
<input type="checkbox"/>	Sexual misconduct committed with a child
<input type="checkbox"/>	Sexual misconduct committed in the presence of a child
<input type="checkbox"/>	Physical violence committed against a child
<input type="checkbox"/>	Physical violence committed with a child
<input type="checkbox"/>	Physical violence committed in the presence of a child
<input type="checkbox"/>	Behaviour that causes significant emotional Psychological harm to a child
<input type="checkbox"/>	Significant neglect / or other
Is the risk of harm to the child ongoing?	
Is the child in immediate danger?	
How did the person reporting the incident form a "reasonable belief" about the alleged incident? (i.e. first hand observation, overheard a conversation, was reported to you by someone else/the alleged victim)	
Is this the first incident involving the alleged perpetrator?	
Date of the alleged incident	
Location where the incident occurred	
Did the incident occur in the course of the alleged perpetrator's work for the organisation? (please tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Details of the alleged perpetrator:

Name :	
Date of birth (if known, otherwise please tick):	Date of birth: ____/____/____ <input type="checkbox"/> Younger than 16 years old <input type="checkbox"/> Between 16 and 18 years old <input type="checkbox"/> 18 years or older
Relationship of the alleged perpetrator to the organisation (please tick):	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Office holder <input type="checkbox"/> Clergy <input type="checkbox"/> Other (please specify)

What action have you already taken?

Has the matter been reported to Victoria Police? (please tick)	<input type="checkbox"/> Yes (because I think it could involve criminal conduct) <input type="checkbox"/> Yes (because I was concerned a child was in immediate danger) <input type="checkbox"/> No
If yes, when was the Police report made?	
What is the Police reference number?	
Which Police station was the report made to?	
Did the police approve you contacting the Child's parents for support?	
Has the matter been reported to DHHS Child Protection? (please tick) telephone 1300 360 391	<input type="checkbox"/> Yes (because I think the child is at risk of harm and the parent/guardian is not willing or capable of adequately looking after him/her). <input type="checkbox"/> Yes (because I fall under Victoria's mandatory reporting obligations. <input type="checkbox"/> No

Has the matter been reported to your ministry supervisor/manager?	
Has the matter been reported to your Parish Priest / Child safety officer?	
Has the matter been reported to the Child's parent/guardian?	
Who else have you informed – name, title (if relevant), relationship to child (if any) and date:	

Signature of person completing form

Date: / /

Approval

Approved by	Signature	Date
Bishop Leslie Tomlinson		

Revision History

Version	Date	Revised By	Description of Revision	Next Review
1.0	1/07/2018	Child Safety Officer	Creation of new forms	1/07/2020