

Form 17

Safeguarding Incident Report Form



General Information

Name of parish

Safeguarding Officer

Nature of incident

Date of incident Time of incident

Name(s) of person(s) involved in incident

Age(s) of person(s) involved in incident (if known)

Address(es) of person(s) involved (if known)

Phone No.

Name(s) of parents / guardians

Address

Phone No.(s)

Description of incident

1. Describe the incident

2. Name(s) of leaders supervising at the time of the incident



3. Name(s) of any other witnesses of the incident

4. How did the person respond after the incident?

5. What action was taken?

6. Follow-up actions

This form has been completed by _____

on _____ and has been forwarded to the Perth Catholic Archdiocese

Safeguarding Program Office on _____

Signature:

PLEASE ATTACH ANY ADDITIONAL INFORMATION AND FORWARD THIS FORM TO THE DIRECTOR SAFEGUARDING PROGRAM AS SOON AS IS PRACTICABLE.

Director Safeguarding Program

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