



## Incident report form

### Details of Concern:

Date of concern:	
Time:	
Location:	
Name(s) of child/children involved:	
Name(s) of employees/volunteer involved:	
Witness(es), if applicable	

### Category of Child Safety Concern:

Type	Actual Harm	Risk of Harm
Physical abuse		
Sexual abuse		
Sexual exploitation		
Emotional abuse, including witnessing family violence		
Neglect		
Peer to Peer Abuse		

### Description:

Who was involved?	
What happened?	



Protective Action Take?	
Other Relevant information	

### Internal Reporting

Role	Name	Date/Time
GGV Manager		
Chief Executive Officer or designate		

### External Reporting

Agency	Notification Required (Y/N)	Rationale	Date/Time	Outcome (if known)
DHHS				
Police				

### Follow-up action

Action	Y/N	Rationale	By when	Outcome (if known)
Internal Investigation				
Review of Policies/procedures				
Review of risk assessments				