**Child Protection Incident Report Form**

Paddle Victoria takes the protection of children extremely seriously. If you believe that a child is danger or has been abused in anyway, please report the incident or concern to the police immediately on 000.

If you believe that a member is behaving contrary to the Paddle Victoria Child Safe Policy Code of Conduct (see <https://vic.paddle.org.au/child-protection/>) please raise your incident report from here, completing all sections and emailing through to Mark Heggie executive\_officer@paddlevic.org.au

Have you reported this issue to the police already? 🞎 Yes 🞎 No

If so, do you have a incident or reference number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1 – About You**The Complainant

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone number** |  |
| **Mobile** |  |
| **Associated Club** |  |

**Part 2 – The Child**

|  |  |
| --- | --- |
| **Childs Name** |  |
| **Childs Parent** |  |
| **Parent Email** |  |
| **Parent Mobile** |  |
| **Associated Club** |  |

**Part 3 – The Respondent**The person or organisation you are complaining about

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone number** |  |
| **Mobile** |  |
| **Associated Club** |  |
| **Relationship to child**Is the child related to this person? Yes No |
| **If Yes, How are they related?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Part 4 – The Incident**What have you witnessed to be inappropriate in regards to treatment of a child?

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | Inappropriate Touching |  | Discrimination by: |
| 🞎 | Inappropriate Tone of voice |  | 🞎 | Race |
| 🞎 | Inappropriate Requests |  | 🞎 | Religion |
| 🞎 | Inappropriate Relationship |  | 🞎 | Gender |
| 🞎 | Inappropriate Language |  | 🞎 | Sexual orientation |
| 🞎 | Inappropriate Activities  |  | 🞎 | Disability |
|  | (such as rough games or compromising in anyway) |  | 🞎 | Age |
| 🞎 | Unauthorised contact  |  | 🞎 | Physical capability |
|  | (via phone, or email for example) |  |  |  |
| 🞎 | Does not hold a Working with Children Card | 🞎 | Question the status of Working with Children Check |
| 🞎 | Failure to act on concerns, suspicions or disclosure of child abuse. | 🞎 | Other |
|  | ***NOTE***  *if you are aware of these concerns, you are required to contact the police on 000 in the interests of child safety*  |

**Part 5 – The Details**

**When and where did this happen?** \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Where)

**What happened?**
Describe the events about which you wish to complain. You need to say what happened, who did it and where it happened. Put in as much detail as you can.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you approached the person in question about their inappropriate behaviour? 🞎 Yes 🞎 No

If yes, how did they respond?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they aware of your intentions to raise this complaint? 🞎 Yes 🞎 No

Do you feel threatened in any way in making this complaint? 🞎 Yes 🞎 No 🞎 Maybe

Thank you for bringing this issue to the attention of Paddle Victoria, its management and Board. As part of the process you will be contacted by the Executive Officer in regards the complaint and kept up to date as the proceedings progresses.

**Administration:**

|  |  |
| --- | --- |
|  | **Date** |
| Complaint Received |  |
| Read by Mark Heggie |  | Signed |  |
| Determination to report to 000 |  | Required | 🞎Yes / 🞎No |
| Complainant Contacted |  | How | 🞎Phone, 🞎Email, 🞎 Other |
| Parent of Child Contacted |  | How | 🞎Phone, 🞎Email, 🞎 Other |
| Respondent activities adjusted |  | Notified how? | 🞎Phone, 🞎Email, 🞎in person |
| Respondent Contacted |  | How | 🞎Phone, 🞎Email, 🞎in person |
| Child and Parent interviewed |  |
| Respondent interviewed |  |
| Recommended Action |  |
| Board approval |  |
| Action implemented |  |
| Communication |  | 🞎Complainant, 🞎Respondent, 🞎Parent |

Recommended Action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by the Board 🞎 Yes 🞎 No Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_