



## Child Protection Incident Report Form

Paddle Victoria takes the protection of children and young people 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 Paddle Victoria Executive Officer [executive\\_officer@paddlevic.org.au](mailto:executive_officer@paddlevic.org.au)

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

If so, do you have an 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	
<b>Relationship to child</b>	
Is the child related to this person?	Yes No
<b>If Yes, How are they related?</b>	_____

## Part 4 – The Incident

What have you witnessed to be inappropriate in regard to treatment of a child or young person

- |  |   |
|--|---|
| <input type="checkbox"/> Inappropriate Touching  | Discrimination by:  |
| <input type="checkbox"/> Inappropriate Tone of voice   | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Inappropriate Requests  | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Inappropriate Relationship  | <input type="checkbox"/> Gender   |
| <input type="checkbox"/> Inappropriate Language  | <input type="checkbox"/> Sexual orientation                                 |
| <input type="checkbox"/> Inappropriate Activities<br>(such as rough games or compromising in anyway) | <input type="checkbox"/> Disability   |
| <input type="checkbox"/> Unauthorised contact<br>(via phone, or email for example)                   | <input type="checkbox"/> Age  |
| <input type="checkbox"/> Does not hold a Working with Children Card                                  | <input type="checkbox"/> Physical capability                                |
| <input type="checkbox"/> Failure to act on concerns, suspicions or disclosure of child abuse.        | <input type="checkbox"/> Question the status of Working with Children Check |
|  | <input type="checkbox"/> 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.

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

If yes, how did they respond?

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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	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Complainant Contacted		How	<input type="checkbox"/> Phone, <input type="checkbox"/> Email, <input type="checkbox"/> Other
Parent of Child Contacted		How	<input type="checkbox"/> Phone, <input type="checkbox"/> Email, <input type="checkbox"/> Other
Respondent activities adjusted		Notified how?	<input type="checkbox"/> Phone, <input type="checkbox"/> Email, <input type="checkbox"/> in person
Respondent Contacted		How	<input type="checkbox"/> Phone, <input type="checkbox"/> Email, <input type="checkbox"/> in person
Child and Parent interviewed			
Respondent interviewed			
Recommended Action			
Board approval			
Action implemented			
Communication		<input type="checkbox"/> Complainant, <input type="checkbox"/> Respondent, <input type="checkbox"/> Parent	

Recommended Action:

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Approved by the Board

Yes       No

Date: \_\_\_\_\_