



## HAMPTON ROVERS AMATEUR FOOTBALL CLUB

### Child Safety Complaints Report

#### Complaint details

<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Name(s) of child/children involved:</b>	
<b>Name(s) of staff/volunteer involved:</b>	

If you believe a child is at immediate risk of abuse phone 000.

Does the child identify as Aboriginal or Torres Strait Islander?

*(Mark with an 'X' as applicable)*

No  Yes, Aboriginal  Yes, Torres Strait Islander

Please categorise the incident

Physical violence

Sexual offence

Serious emotional or psychological abuse

Serious neglect

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please describe the incident

<b>When did it take place?</b>	
<b>Who was involved?</b>	
<b>What did you see?</b>	

<b>Other information</b>	
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Parent/carer/child use

<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Name(s) of child/children involved:</b>	
<b>Name(s) of staff/volunteer involved:</b>	

Office use:

<b>Date incident report received:</b>	
<b>Staff member managing incident:</b>	
<b>Follow-up date:</b>	
<b>Incident ref. number:</b>	

Has the incident been reported?

<b>Child protection</b>	
<b>Police</b>	
<b>Another third party (please specify):</b>	

Incident reporter wishes to remain anonymous?

*(Mark with an 'X' as applicable)*

Yes  No

All incident reports must be stored securely.