

Class Act Productions

Child Safe Incident Report Form

If a child is in immediate harm, call 911 or contact a staff member of Class Act Productions as soon as possible.

This form may be used to report safety concerns, bullying, harassment, discrimination, child abuse, sexual abuse, or a violation of Class Act Productions Code of Conduct. All complaints will be handled professionally and confidentially.

Child's details:

Child's name:	Child's date of birth or age:
Cultural Background:	Does child have a disability:
Other Relevant Information (if applicable):	
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Reporter's Details:

Your name:	
Your role:	
Contact information (you): <i>Address:</i> <i>Telephone number:</i> <i>Email address:</i>	
Relationship to Child:	
Parent's / carer's name(s) (if known)	
<i>Address:</i> <i>Telephone numbers:</i> <i>Email address:</i>	
Have parents / caretakers been notify of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide details of what was said/action agreed:	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	
If responding to concerns raised by someone else: <i>Please provide further information below</i>	
<i>Name:</i> <i>Position within the organization or relationship to the child:</i> <i>Telephone numbers:</i> <i>Email address:</i>	

Incident details:

Details of the incident or concerns:

Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.

Child's account of the incident:

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

Name:

Position within the organization relationship to the child:

Date of birth (of child):

Address:

Telephone number:

Email address:

Please provide details of any person involved in this incident or alleged to have caused the incident / injury:

Name:

Position within the organization or relationship to the child:

Date of birth (if child):

Address:

Telephone number:

Email address:

Please provide details of action taken to date:

Has the incident been reported to any external agencies?

☐ Yes

☐ No

If YES please provide further details:

Name of organization / agency:

Contact person:

Telephone numbers:

Email address:

Agreed action or advice given:

Your Signature:

Print name:

Date: