



**EASTERN FOOTBALL NETBALL LEAGUE  
SAFEGUARDING CHILDREN & YOUNG PEOPLE  
INCIDENT REPORT FORM**

**Incident details**

<b>Club Name:</b>	
<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Date Identified (if different)</b>	
<b>Name(s) of child/children involved:</b>	
<b>Name(s) of staff/volunteer involved:</b>	
	<b>If you believe a child is at immediate risk of abuse phone 000.</b>

**Please categorise the incident**

- Physical violence
- Sexual offence
- Sexual misconduct
- Serious emotional or psychological abuse
- Serious neglect
- Grooming
- Breach of the Child Safe Code of Conduct
- Reportable Conduct inappropriate behaviour

<b>Make Selection</b>	<b>Comments</b>

**Please describe the incident**

<b>Overview:</b>	
<b>When did it take place and what were the circumstances:</b>	
<b>Who was involved?</b>	



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What did you see if present / hear?	
Other information:	

**Does this incident involve discrimination based on any of the following:**

Race? No / Yes  
Gender? No / Yes  
Sexual orientation? No / Yes  
Religious or cultural beliefs? No / Yes  
Other? No / Yes (Please state): \_\_\_\_\_

**Details of person reporting the incident:**

Name of person reporting the incident:	
Department of reporter (if/where applicable):	
Contact Details of reporter:	

**Office/Club use:**

Date incident report received:		
Staff member managing incident:		
Incident ref. number:		
<b>Has the incident been reported?</b>	<b>Date Notified</b>	<b>Comments</b>
Child protection		
Police		
Another third party (please specify):		

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