



Child Protection Incident Report Form

Approval Authority: President

Last Approval Date: January 2016

Review date: January 2017

Hills Hornets Touch is committed to practices that protect children from harm. This form should be completed if you are alerted to an incident of abuse, or suspect abuse of a child. Please complete this form within 24 hours of being alerted to an incident and forward it to the Executive Committee.

This page is to be completed by the person alerted to, or suspects an incident.

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|-----------------------------------------------|--|
| Date of report: | |
| Time report was completed: | |
| Name(s) of persons involved in incident: | |
| Date incident occurred: | |
| Time incident occurred: | |
| Location where incident occurred: | |
| List any witnesses to the incident: | |
| Description of incident (please state facts): | |
| | |
| Immediate action taken: | |
| | |
| If no action taken – reason: | |
| | |

