

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.

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:	

Contact phone number: Signature: Name of Executive member this form was submitted to: Signature of Executive member: This page is to be completed by the Executive member. Action taken: If no action taken – reason: If action taken: Name of organisation(s) notified: Contact phone number: Contact person in organisation: Date notified: Time notified:	Name of person completing form:					
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