



CHILD PROTECTION CRITICAL INCIDENT FORM

A critical incident is defined as “any actual or alleged event/ situation that creates a significant risk of substantial or serious harm to the physical/ mental health, safety, or well-being of an individual”.

Please note that this is to be filled out by the staff member(s) who were witness to/ or involved in the incident.

Please fill Critical Incident Report form out within 24 hours.

Staff First & Last Name:

Job

Position: _____

E-mail:

Date of Incident: __ __ / __ __ / __ __ __ __

Description of Incident: _____

(please continue on separate page and attach to completed document if more space is required)

Program Name:

Location:

Names of Children Involved:

Child 1. (First name/Last name):

Child 2. (First name/Last name):

(please continue on separate page if more than 2 children are involved and attach to completed document)

Names of Staff/adults allegedly involved:

Adult 1. (First name/Last name):

This person is an *(please tick)*:

Employed staff member ; Volunteer ; Other: _____

Adult 2. (First name/Last name):

This person is a *(please tick)*:

Employed staff member ; Volunteer ; Other: _____

(please continue on separate page if more than 2 adults are involved and attach to completed document)

Police Notification:

(please tick appropriate box):

None; Police notified, complaint filed; Police notified, no complaint filed

Current safety of child:

Was a medical examination undertaken? Yes/No If yes: Name of medical practitioner:

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Contact details of medical practitioner:

Date of examination (please attach report): ___ / ___ / _____

What actions were taken or needed? _____

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(please continue on separate page and attach to completed document if more space is required)

What follow up actions are required?

Staff Signature and Date:

Supervisor's Signature and Date

__/__/____

__/__/____

**All Child Protection Incident notification forms must be emailed to DFAT's
Conduct and Ethics Unit on childwelfare@dfat.gov.au.**