



Catholic Diocese of Rockhampton

'We live out the call of baptism through personal faith in Jesus witnessing together to the Good News of the Kingdom'

Incident Report Form

This form is to be completed as required by the procedure document titled '*Activity Planning for the Child Protection Policy*', except where the incident is required to be reported according to the document titled '*Dealing with Observations, Disclosures and Suspicions of Harm*'.

If an incident occurs during an activity involving **children and young people**, which was planned and / or provided by a **ministry or office** of the **Diocese**, this form is to be completed and submitted to:

- the **Activity Coordinator**, and / or
- the **Parish Child Protection Contact** or **Diocesan Pastoral Services Coordinator** for the relevant **ministry or office**; and/or
- the **Appropriate Pastor** (i.e. the Parish **Priest Pastor** for an activity of the Parish or the **Bishop** for an activity of any other **ministry or office** of the **Diocese**).

The **Parish Child Protection Contact** or **Diocesan Pastoral Services Coordinator** will file this report after it has been brought to the attention of the **Appropriate Pastor** and **Diocesan Child Protection Officer** and any necessary action to deal with, address and resolve the incident has been taken. Please advise at the time of submitting this report, if you have any concerns with any of the above people sighting it.

Name of Person completing report: _____

Contact details: _____

Details of Incident:

Date of Incident: _____ Time of Incident: _____

Location of incident (general and specific): _____

Persons involved: _____

Other persons present/witnesses: _____

Weather and light conditions at time of incident: _____

Nature/type of damage, loss or injury: _____

Describe the incident / accident (what happened): (If insufficient space, attach diagrams or further details) _____

Signed by person making report: _____ Date: _____

Report received by: _____ Date: _____

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(This page is to be completed by the **Appropriate Pastor** or such other person authorised by the **Appropriate Pastor** for this purpose)

Action taken: _____

Potential further action required/suggested: _____

If no action taken – reason: _____

Signed: _____ Date: _____

** A copy of this Incident Report Form must be sent to the Diocesan Child Protection Officer to be recorded in the Diocesan Incident Register (DIR) as soon as practicable after the Incident.

DIOCESAN CHILD PROTECTION OFFICER
PO Box 611 ROCKHAMPTON 4700

Review of Incident required: Y / N

If yes, by whom: _____ By Date: _____