

Child Safe Incident Form

This form must be used to record details of a child abuse incident or allegation

1. Name of person(s) incident has been reported to:

2. The person(s) completing this form is:

AGPC Employee

Vendor

Volunteer

Contractor

Supplier

Other:

Incident Details:

3. Date:

Time:

Specific location of incident:

Category of Incident:

4. Select all that apply:

Suspicion or allegation of physical abuse

Suspicion or allegation of emotional ill-treatment

Suspicion or allegation of sexual abuse and exploitation

Suspicion or allegation of neglect or negligent treatment

Suspicion or allegation of other exploitation that results in actual or potential harm

Other? Please specify:

5. Details of incident – Please provide a detailed description of the incident. Including alleged perpetrator/s behaviour, sighted injury or other indicators of abuse, and conversations with the child.

Contact details of the child/young person affected by the incident:

6. Given name:

7. Surname:

8. Date of birth:

9. Gender:

Female

Non-binary

Male

I/They

10. Cultural ethnicity:

11. Any communication or medical requirements?

12. Parent/Guardian full name:

- Parent/Guardian contact/s phone (home/mobile):
- Parent/Guardian address:
- Any known parent/guardian communication requirement:

Details of persons involved:

13. Alleged perpetrator(s)
- Name – if known:

 - Connection with the child – if known:

 - Any other relevant factors:

Witnesses

14. Were there any other witnesses to the incident
- Yes
- No
15. Witnesses to the incident
- Full name:

 - Involvement as witness:

 - Contact phone number:

What action was taken (please answer all those that apply)

- To ensure the safety of the child:

- To address the support needs of the child and their family:

- To address the support needs of the alleged perpetrator:

- To address the support needs of employees and/or volunteers involved:

16. If you are an employee, did you:

- Speak to / report to a manager: Yes No
- Speak to / report to HR: Yes No
- Speak to / report to GP Command: Yes No
- Speak to / report security: Yes No
- No action taken – why?

Incident Response

17. Were authorities involved/notified? Actual or anticipated eg. Police, Security.
Select all that apply

Police

Ambulance

Child Protection

Doctor

Parent/Guardian

AGPC Manager (please note that a manager must be informed)

Other:

18. Was First Aid administered?

Yes

No

19. Is there any additional information you wish to provide? You can provide images or video attachments if relevant.

I acknowledge that the information provided in this report is true and accurate to the best of my knowledge

Signed:

Please ensure this form is submitted to the Australian Grand Prix Corporation's People, Culture and Capability team:

Peoplecultureandcapability@grandprix.com.au

We respect your personal information and take our duty to protect it very seriously. We will never release information that can identify you. This means other organisations cannot access any personal information you provide.

If you are in an emergency, call 000