**Child Safe Standards**

**CONFIDENTIAL RECORD OF CHILD SAFE CONCERN**

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| **Complainant Name:**  (if other than Child) |  | |
| **Age: “**Adult” if over 18 |  | **Date Complaint Received:**  / / |
| **Club:** |  | |
| **Date notified:** |  | |
| **Anonymity?:** | **Does complainant/child wish to remain anonymous?** (Circle)  YES NO | |

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| **Child’s Details** | | | | | |
| **Full Name:** | *(Use alias if child’s identity needs to be protected)* | | | | |
| **Address:** | *(If known and can be disclosed in line with protection requirements)* | | | | |
|  | | | | |
| **Date of Birth:** |  | **Sex:** |  | **Age at time of alleged offence:** |  |
| **Club:** |  | | | | |
| **Parent/Guardian Name:** |  | | | | |
| **Parent/Guardian Address:** |  | | | | |
| **Parent/Guardian Telephone No.** |  | | | | |

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| **Person’s reason for complaint/concern (e.g. observation, injury, disclosure)** |
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| **Location of alleged incident(s):** | | | | | | | | | |
|  | | | | | | | | | |
| **Name of Person Complained About** | | | | | | | | | |
| **Full Name:** |  | | | | | | | | |
| **Date of Birth:** |  | | | **Sex:** |  | **Age at time of alleged offence:** | | |  |
| **Club or Association:** |  | | | | | | | | |
| **Role/Status** | o | Administrator (volunteer) | | | | | o | Parent | | |
| ***(in sport)*** | o | Athlete | | | | | o | Spectator | | |
|  | o | Coach/Assistant Coach | | | | | o | Support Personnel | | |
|  | o | Employee | | | | | o | Official | | |
|  | o | Other |  | | | | | | | |
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| **Alleged Breach(es) of [Child Safety Framework or Equivalent]** |
| [Detail sections of Framework that you believe that the behaviour/conduct/incident(s) may have breached, with particular reference to the [Code of Behaviour/Conduct for dealing with Children or Young People – or equivalent] |
| **Outcome the complainant is seeking:** |
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| **Witnesses (if more than 3 witnesses attach details to this form)** | | | | |
| Name (1): | |  | | |
| Contact details: | |  | | |
| Consent to provide details to others?: | | YES / NO | | |
| Name (2): | |  | | |
| Contact details: | |  | | |
| Consent to provide details to others?: | | YES / NO | | |
| Name (3): | |  | | |
| Contact details: | |  | | |
| Consent to provide details to others?: | | YES / NO | | |
| Other notes? | |  | | |
| **Interim action (if any) taken (to ensure Child’s safety and/or to support needs of person complained about)** | | | |
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| **Police Contacted** | Who: | |  |
| When: | |  |
| Advice provided: | |  |
| **Government agency contacted** | Who: | |  |
| When: | |  |
| Advice provided: | |  |
| **Government agency contacted (if more than one)** | Who: | |  |
| When: | |  |
| Advice provided: | |  |
| **RSV Personnel contacted** | Who: | |  |
| When: | |  |

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| **Police and/or Government agency investigation: ADVICE AND/OR FINDING** |
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| **Other reporting?** |
| (e.g., Board, peak State or National Body in your sport, etc.) |
| **Internal investigation (if any): PROGRESS/FINDING** |
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| **Action taken** | | | |
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| **Completed by:** | **Name:** |  | | |
| **Position in Organisation:** |  | | |
| **Signature:** |  |  | |
| Date: | |
| **Signed by:** | Complainant (if not a Child) | | | |

*This record and any notes must be kept in a confidential place and provided to the relevant authorities (Police and Government) should they require them. This record must be kept for a minimum of seven (7) years.*