

Category 3: Inappropriate Behaviour (Minor Incident) Reporting Form

**For reporting the allegation of a minor incident
by a staff member or volunteer**

PART A TO BE COMPLETED BY **FIRST PERSON** IMMEDIATELY ON SEEING OR HEARING OF MINOR INCIDENT and **PART B** TO BE COMPLETED BY THE **RECTOR OR CHAIRPERSON, BOARD OF DIRECTORS (if allegation is against the RECTOR)** IMMEDIATELY AFTER A MINOR INCIDENT IS DEALT WITH AT THE SCHOOL AND:

- PLACED ON THE CONFIDENTIAL FILE OF THE SUBJECT OF THE ALLEGATION

THEN

- ADVISE THE STAFF MEMBER OR VOLUNTEER SUBJECT TO THE ALLEGATION AND THE PARENTS/GUARDIAN OF ANY AFFECTED STUDENT/S THAT THIS FORM HAS BEEN COMPLETED, IS KEPT ON RECORD.
- ADVISE THE STAFF MEMBER OR VOLUNTEER SUBJECT TO THE ALLEGATION AND THE PARENTS/GUARDIAN OF ANY AFFECTED STUDENTS OF THE OUTCOMES (IN WRITING)

PART A

DETAILS OF SCHOOL WHERE REPORT IS BEING MADE					
School name					
Rector/Acting Rector's name					
Address				Suburb	
Postcode		Phone		Fax	

DETAILS OF FIRST PERSON COMPLETING THIS REPORT					
Name					
Address					
Suburb		Postcode			
Phone	Home		Work		Mobile

ALLEGATION OF MINOR INCIDENT MADE AGAINST <small>(if more than one person please attach on additional page)</small>						
Name						
Position/Role						
School/Workplace						
Address						
Suburb				Postcode		
Phone	Home		Work		Mobile	

MINOR INCIDENT ALLEGATION DETAILS			
Date of allegation		Time of allegation	
How and where was the allegation made? e.g. phone call to school; face to face in Rector's office		Who was present during allegation?	

SIGNATURES			
Rector's or Chair of Board's (where allegation is against Rector) signature		Date	



Details of student/other person affected by minor incident (if more than one student/person please attach an additional page)							
Name (incl. aliases)							
D.O.B.	/ /	Age		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Year Level
Does the student/person have a disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type and severity of disability			
Please specify if this disability impacts on a potential interview process							
Residential address							
Suburb			State		Postcode		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other – please specify						
Does the student/other person speak English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please specify language			
Is an interpreter required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Description of alleged minor incident – eg description of any injuries; details of any disclosures; pattern/history of harm; emotional/behaviour indicators							

DETAILS OF PERSONS WHO MAY HAVE FURTHER INFORMATION AROUND ALLEGED INCIDENT (if more than one person is reported please attach on additional page)		
Name	Date of birth/Approximate age	
Relationship to student/other person affected by minor incident		
Address	Suburb	
Postcode	Phone	

PART B

Details of action taken by the Rector or Chairperson of Board of Directors (where allegation is against the Rector)
Outcomes of action taken by the Rector or Chairperson of Board of Directors (where allegation is against the Rector)

SIGNATURES		
Rector's or Chairperson of Board of Director's (where allegation is against Rector) signature		Date

