

INAPPROPRIATE BEAHVIOUR REPORTING FORM

PLEASE NOTE: Do not use this Inappropriate Behaviour Reporting Form if the allegations concern sexual abuse, suspected sexual abuse, likely sexual abuse, harm or suspected harm of a student by any person. The reporting procedures in <u>sections 2.2 and 2.3</u> of the Student Protection Policy must be immediately implemented.

This form must be completed immediately by a person who becomes aware or reasonably suspects inappropriate behaviour towards a student by a staff member or any other person.

The form must be immediately provided to the Rector or a Student Protection Contact. If the allegations are about the Rector the form must be immediately provided to a Student Protection Contact.

PART A (to be completed by person making report)

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School	Padua College			
Staff member making report				
INFORMATION ABOUT INAPPROPRIATE BEHAVIOUR RECEIVED FROM				
Name				
Address				
Contact Number				
Position at school				
How was information received?				
When was information received?				
ALLEGED STUDENT VICTIM				
Name				
Date of birth				
Year level				
Male / Female				

Once printed this is a non-controlled copy Issue Date: 26 June 2021



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ALLEGATIONS AGAINST				
Name				
Role (if applicable)				
Relationship to alleged	student victim			
DETAILS OF ALLEGED INAPPROPRIATE BEHAVIOUR				
DETAILS OF ALLEGED INAFI	THOT MATE DETIAVIO	, on		
2				
OTHER RELEVANT INFORM	IATION			
REPORTED TO RECTOR / S	TUDENT PROTECTIO	N CONTACT		
By (name)				
Date	Time	am pm		
SIGNATURE OF PERSON MAKING REPORT				
Date				

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