



1 DETAILS OF PERSON REPORTING THE INCIDENT (if you are reporting for someone else include your details in Section 7 below)

Given Name	Surname		
Address	State	Postcode	
Phone	Email		
Membership number	Position		

2 DID THE INCIDENT INVOLVE CHILD ABUSE, NEGLECT OR HARM (FROM A NON-ACCIDENTAL INJURY)?

Did the incident involve child abuse, neglect or harm (from a non-accidental injury)? YES NO

If Yes

1. Have you taken steps to make sure the child is safe?
2. Please use the words of the child as far as is possible in the description below.
3. Try and gather the information that is required for a mandatory report in your state/territory.
4. Make a report to the police and/or statutory child protection agency, record details in Section 6 below.
5. The matter must be raised as soon as possible with your supervisor, the relevant State Commissioner and CEO.

More information is found in ELEMENT 8 of the GGA Child Safe Child Friendly Policy and Procedures.

3 DETAILS OF THE INCIDENT

Location(s) incident occurred	
Date of incident	Time of incident
Name and contact details of primary witness(es)	
Name and contact details of Leader-in-Charge (if relevant)	
Name and contact details of others involved in the incident	
Was there an injury? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please make sure you complete Section 4 below</i>	
Details of the incident (you may attach additional documents to this Report)	

4 DESCRIPTION OF ANY INJURY (if you were not a witness, please identify where information came from)

Name of person injured	Date of birth (if under 18)
Name of parent/carer of person injured if under 18 years of age	
Injured person's (parent/carer) Address	
Phone	Email
Unit / Event / Other	
Nature of injury (eg burn, cut, bruise, distress)	
Cause of injury (eg fall, assault, threat)	
Location of injury on body (eg back, left hand)	

5 MEDICAL TREATMENT PROVIDED

First Aid provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of person providing First Aid
Medical treatment required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of medical treatment provider
Ambulance required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Comments (include details of other support provided)			

6 FOR CHILD ABUSE & NEGLECT INCIDENT ONLY - REPORT DETAILS

Report made to: STATUTORY CHILD PROTECTION AGENCY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	POLICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, date report made to statutory child protection agency / police			Report number		
Name and contact details of person making report					
Name and contact details of person taking report					
Report escalated to supervisor, State Commissioner and CEO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date		

7 DETAILS OF PERSON COMPLETING THIS FORM (if completing on behalf of someone else)

Name	Phone
Email	Membership number
Position in Guiding	Date this form was completed

- A previous Girl Guide Incident Report has been submitted in this matter and this form provides updated/additional information
- I declare the information in this report is true and correct to the best of my knowledge.

Signature of person completing this form

Date

Note: It is a requirement of GGIA Insurance that all incidents are reported as soon as possible and this form must be forwarded to the CEO and District Manager. You can provide updated incident forms if further details come to hand.