



Child Safe Complaint Form

This form is used to report concerns, complaints, or incidents relating to the **safety or wellbeing of a child** involved in the organisation.

All reports will be treated **seriously, respectfully, and confidentially**.

1. Person Making the Report

Name:

Phone Number:

Email:

Relationship to the Child (if applicable):

Parent / Carer

Student

Staff / Teacher

Volunteer

Other (please specify): _____

Date of Report:

2. Child Information (if known)

Child's Name:

Age:

Class / Group:

3. Details of the Concern or Complaint

Please describe the concern, incident, or behaviour that occurred.

Include as much detail as possible:

- What happened?
- When did it happen?
- Where did it happen?
- Who was involved?
- Were there any witnesses?

Description:

4. Person(s) Involved in the Concern

Name(s) of person(s) involved:

Position (if known):

- Teacher
 - Volunteer
 - Staff Member
 - Student
 - Other
-

5. Immediate Safety

Is the child currently in immediate danger?

- Yes
- No
- Unsure

If yes, emergency services should be contacted (**000**).

6. Has This Been Reported Before?

- No
- Yes

If yes, please provide details:

7. Supporting Evidence (if available)

Please attach any relevant information such as:

- Photos
- Messages or emails
- Documents
- Other evidence

Attachments provided:

8. Confidentiality

All complaints will be handled in accordance with the organisation's **Child Safe Policy**. Information will only be shared with relevant persons when necessary to ensure the **safety and wellbeing of children**.

Reports may be referred to external authorities if required, including:

- NSW Police
- Department of Communities and Justice (DCJ)

9. Declaration

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

Name:

Signature:

Date:

10. For Office Use Only

Received by:

Position:

Date received:

Action taken:

Status:

- Under review
- Referred to authorities
- Closed