GIRL GUIDE INCIDENT REPORT

GIRL GUIDES AUSTRALIA

Important: If this is an emergency, follow your SGGO emergency management procedures and contact emergency services (000) where required before completing this form.

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. **Take steps to ensure the child is safe.**
2. **Record what was observed, disclosed or reported. Where a child has made a disclosure, use the child's own words wherever possible in the description below.**
3. **Gather the information required for any mandatory reporting obligations in your State or Territory.**
4. **Where required, make a report to Police and/or the statutory child protection agency and record the details in Section 6 below.**
5. **Escalate the matter as soon as possible in accordance with Girl Guiding child safeguarding reporting requirements. This may include notifying your Guiding Supervisor, Commissioner and/or CEO and submitting this report within 24 hours.**

Further 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)

drbdb

Name and contact details of Leader-in-Charge (if relevant)

Was anyone else involved? ☐ **YES** ☐ **NO** *Include name and contact details of others involved in the incident*

Was there an injury? ☐ **YES** ☐ **NO** *If yes, please make sure you complete Section 4 below*

Details of the incident (you may attach additional documents to this Report)

Observations (was there anything visible that may have contributed to the incident/accident?)

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 Unit / Event / Other Phone Email	
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 ☐ YES ☐ NO	Name of person providing First Aid	
Medical treatment obtained ☐ YES ☐ NO	Where was treatment provided? (e.g. GP, hospital, ER)	
Ambulance required ☐ YES ☐ NO		
Comments (include details of other support provided)		

6 FOR CHILD ABUSE & NEGLECT INCIDENT ONLY - REPORT DETAILS

Report made to: STATUTORY CHILD PROTECTION AGENCY ☐ YES ☐ NO POLICE ☐ YES ☐ 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	
Has the matter been escalated in accordance with Child Safeguarding reporting requirements? ☐ YES ☐ NO	Date

7	DETAILS OF PERSON COMPLETING THIS FORM (if different from person listed above in Section 1 of this Form)	
	Name	**Phone**
	Email	**Membership number**
	Position in Guiding	**Date this form was completed**

☐ **This report provides updated information relating to a previously reported incident.**

☐ **I declare the information in this report is true and correct to the best of my knowledge and belief.**

Signature of person completing this form **Date**

Important: Reporting an incident and making an insurance claim are separate processes. This Incident Report Form **is not an insurance claim form** and completing it does not lodge a claim or notify insurers. If there is any possibility that the incident may result in an insurance claim, contact your State Office immediately. A separate claims notification process may be required. Notification timeframes apply from the date of the incident or injury, and delays may affect insurance coverage.

Incident reports relating to child safeguarding and other serious incidents must be completed and submitted within 24 hours. If you are unable to complete or submit this report within that timeframe, notify your State Office by telephone.

All other incident reports must be completed and submitted as soon as possible and no later than 7 days after the incident.

You can lodge this form in the following ways:

Email: the relevant State office:

Girl Guides NSW / ACT / NT	incidentsandcomplaints@girlguides-nswactnt.org.au
Girl Guides Victoria	incidentsandcomplaints@guidesvic.org.au
Girl Guides Queensland	incidentsandcomplaints@guidesqld.org
Girl Guides Tasmania	incidentsandcomplaints@guidestas.org.au
Girl Guides South Australia	incidentsandcomplaints@girlguidessa.org.au
Girl Guides Western Australia	incidentsandcomplaints@girlguideswa.org.au

Post: to the relevant State office or Girl Guides Australia.

If you have any difficulty lodging this form you can contact your State office or designated Child Safety contact for guidance and support.