Child Incident Notification Form

To be completed by any reporter of a child incident that may involve people or parties related to Fragile to Agile. This form is provided publicly to allow reports to be made by sending an email to childprotection@fragiletoagile.com.au or by physical mail attention to

Child Protection Officer  
Fragile to Agile  
Suite 1103, Level 11, 147 Pirie Street, Adelaide, SA 5000.

You can also contact the Fragile to Agile Child Protection Officer via calling or messaging the following contact phone number +61 402434391.

This form and guidance on how to report and notify Fragile to Agile is always available on the Fragile to Agile website here:

<https://www.fragiletoagile.com.au/childprotection>

Whilst this form is made public for any person to easily complete and report, once it is filled out and reported Fragile to Agile manage each instance securely and confidentially in line for our policy so a completed form is then classified Private and Confidential.

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| 1. Names(s) of person reporting and contact details | |
| Name:  Position: | Telephone:  Email: |
| 1. Reporting Post, Company or Agency (if applicable) | |
| Post or Agency: | Country: |

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| 1. Type of Allegation | |
| Please circle most appropriate description of alleged incident:  Sexual Abuse\Sexual Misconduct  Physical Abuse  Psychological Abuse  Neglect  Other | Further details if known (Date\location\when report was received):  Other relevant details: (For example implements used, vulnerability, or disability factors): |

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| 1. Details of Person(s) against whom the allegation has been made | | | | | | |
| Family Name: |  | | | | | |
| Given Name: |  | | | | | |
| Sex: |  | | | | | |
| Date of birth: |  | | | | | |
| Nationality: |  | | | | | |
| Contact details: |  | | | | | |
| Employer, Program or Project:  (Please circle most appropriate descriptor. You can circle more than one) |  | | | | | |
| Fragile to Agile Employee | Australian Citizen or Permanent Resident | | NGO Employee | Fragile to Agile Contractor including sub-contractor | Volunteer |
| Position:  (If applicable) |  | | | | | |
| 1. Details of Victim(s) | | | | | | |
| Family Name: |  | | | | | |
| Given Name: |  | | | | | |
| Sex: |  | | | | | |
| Date of birth: |  | | | | | |
| Nationality: |  | | | | | |
| Contact details: |  | | | | | |
| Age of child at time of alleged incident: | | |  | | | |
| Have any injuries been observed or reported? *(If more space is needed, please utilize section 7)* | | | | | | |

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| 1. Further Details | |
| Is the victim still in danger of abuse or neglect? |  |
| Are local police or other local authorities aware of the incident\allegation? |  |
| What other authorities have been informed? |  |
| Has the AFP at post (where relevant) been advised or consulted? If so, what is their response or proposed action? |  |
| 1. Any other pertinent information for initial assessment | |
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*End of Document*