



Form 17 – Safeguarding Incident Report Form

General Information

Name of parish and/or Event	
Safeguarding Officer	
Nature of incident	
Date of incident	
Time of incident	
Name(s) of person(s) involved in incident	
Age(s) of person(s) involved in incident (if known)	
Address(es) of person(s) involved (if known)	
Phone No.	
Name(s) of parents / guardians	
Address	
Phone No.(s)	

Description of incident

1. Describe the incident



2. Name(s) of leaders supervising at the time of the incident	
3. Name(s) of any other witnesses of the incident	
4. How did the person respond after the incident?	
5. What action was taken?	
6. Follow-up actions	

This form has been completed by _____

on _____ and has been forwarded to the Diocesan Safeguarding

Coordinator on _____ .

Signature:

PLEASE ATTACH ANY ADDITIONAL INFORMATION AND FORWARD THIS FORM TO THE DIOCESAN SAFEGUARDING COORDINATOR AS SOON AS IS PRACTICABLE.

T: 08 9721 0524 F 08 9721 0588 E: safeguarding@bunburycatholic.org.au

A: Catholic Diocese of Bunbury. PO Box 2005. WA 6231