



BRIGHTON
SECONDARY COLLEGE

BRIGHTON SECONDARY COLLEGE CHILD SAGE STANDARD INCIDENT REPORT

INCIDENT DETAILS	
DATE OF INCIDENT	
TIME OF INCIDENT	
LOCATION OF INCIDENT	
NAME(S) OF CHILD(REN) INVOLVED	
NAME(S) OF STAFF/ VOLUNTEER INVOLVED	

IF YOU BELIEVE A CHILD IS AT IMMEDIATE RISK OF ABUSE, CALL 000.

DOES THE CHILD IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?

No

Yes, Aboriginal

Yes, Torres Strait Islander

PLEASE CATEGORISE THE INCIDENT:

- PHYSICAL VIOLENCE
- SEXUAL OFFENCE
- SERIOUS EMOTIONAL OR PSYCHOLOGICAL ABUSE
- SERIOUS NEGLECT

PLEASE DESCRIBE THE INCIDENT

WHEN DID IT TAKE PLACE?	
WHO WAS INVOLVED?	
WHAT DID YOU SEE?	
OTHER INFORMATION	



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PARENT/CHILD USE

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OFFICE USE

DATE INCIDENT REPORT RECEIVED	
STAFF MEMBER MANAGING INCIDENT	
FOLLOW-UP DATE	
INCIDENT REFERENCE NUMBER	

HAS THE INCIDENT BEEN REPORTED?

CHILD PROTECTION	
POLICE	
ANOTHER THIRD PARTY (PLEASE SPECIFY)	

INCIDENT REPORTER WISHES TO REMAIN ANONYMOUS?

Yes

No