

CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

Before completing, ensure the procedures outlined in attachment C4 have been followed and advice has been sought from the relevant government agency and/or police.

Complainant's Name (if other than the child)	Date
Role/status in sport	
Child's name	Age
Child's address	
Person's reason for suspecting abuse (e.g. observation, injury, disclosure)	
Name of person complained about	
Role/status in sport	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Athlete / player <input type="checkbox"/> Spectator <input type="checkbox"/> Coach / assistant coach <input type="checkbox"/> Support personnel <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Official
Witnesses (if more than 3 witnesses attach details to this form)	Name: Contact details: Name: Contact details: Name: Contact details:



Interim action (if any) taken (to ensure child's safety and/or to support needs of person complained about)	
Police contacted	Who: _____ When: _____ Advice provided: _____
Government agency contacted	Who: _____ When: _____ Advice provided: _____
President and/or MPIO contacted	Who: _____ When: _____
Police and/or government agency investigation	Finding: _____
Internal investigation (if any)	Finding: _____
Action taken	
Completed by	Name: _____ Position: _____ Signature: _____ Date: _____
Signed by	Complainant (if not a child): _____

This record and any notes must be kept in a confidential and safe place and provided to the relevant authorities (police and government) should they require them.

