

# Incident Report Form

For reporting incidents such as breaches to the Safeguarding Risk Management Strategy, policies, procedures, or disputes, threats or accidents during activities involving children and vulnerable people. **For Mandatory Reporting, please use Complaint Form**

## GENERAL INFORMATION

Name of Ministry

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Safeguarding Representative (if appointed)

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Nature of incident

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Date of incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Name(s) of persons involved in incident

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Details of person/s involved i.e. lay worker, paid staff, volunteer etc.

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Age(s) of persons involved in incident (if known)

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Address(es) of persons involved (if known)

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Phone No(s) \_\_\_\_\_

Name(s) of parents/guardians (if applicable)

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Phone No(s) \_\_\_\_\_

Please attach any additional information and forward this form to the MGL Safeguarding Coordinator as soon as possible.

**Fr Stephen Fletcher MGL (SC)**  
**MGL Safeguarding Coordinator (SC)**

T. (08) 8927 8913 M. 0403 967 194

E. [mgl Safeguarding@gmail.com](mailto:mgl Safeguarding@gmail.com)

PO BOX 40629 CASUARINA NT 0811

BEATON ROAD BERRIMAH NT 0811

## DESCRIPTION OF INCIDENT

1. Describe the incident  
(Add other documents/information as required)

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2. Name(s) of leaders supervising at the time of the incident

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3. Name(s) of any witnesses to the incident

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4. What action was taken by the leaders supervising?

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5. Follow up actions

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This form has been completed by

(Name) \_\_\_\_\_

on (date) \_\_\_\_\_ and has been

forwarded to the MGL Safeguarding Coordinator

on (date) \_\_\_\_\_

Signature: \_\_\_\_\_