



# **Confidential Record**

Of Child Abuse Allegation

## CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

<b>Complainant Name:</b> (if other than Child)			
<b>Age:</b>		<b>Date Formal Complaint Received:</b>	/ /
<b>Swim Club:</b>			
<b>Date Swimming Aust notified:</b>			

Child's Details				
<b>Full Name:</b>				
<b>Address:</b>				
<b>Date of Birth:</b>		<b>Sex:</b>		<b>Age at time of alleged offence:</b>
<b>Swim Club:</b>				
<b>Parent/Guardian Name:</b>				
<b>Parent/Guardian Address:</b>				
<b>Parent/Guardian Telephone No.</b>				
<b>Person's reason for suspecting abuse (e.g. observation, injury, disclosure)</b>				
<b>Location of alleged Abuse:</b>				
<b>Name of Person Complained About</b>				

<b>Full Name:</b>				
<b>Date of Birth:</b>		<b>Sex:</b>		<b>Age at time of alleged offence:</b>
<b>Swim Club:</b>				
<b>Role/Status (in sport)</b>	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee <input type="checkbox"/> Other		<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	
<b>Alleged Breaches of Safeguarding Children &amp; Young People Policy</b>				
[Detail sections of Policy that you believe that the behaviour/conduct/incident(s) may have breached]				
<b>Outcome the complainant is seeking:</b>				

Witnesses (if more than 3 witnesses attach details to this form)	
Name (1):	
Contact details:	
Consent to provide details to others?:	YES / NO
Name (2):	
Contact details:	
Consent to provide details to others?:	YES / NO
Name (3):	
Contact details:	

Consent to provide details to others?:	YES / NO
Other notes?	

**Interim action (if any) taken (to ensure Child's safety and/or to support needs of person complained about)**

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<b>Police Contacted</b>	Who:	
	When:	
	Advice provided:	

<b>Government agency contacted</b>	Who:	
	When:	
	Advice provided:	

<b>CEO contacted</b>	Who:	
	When:	

**Police and/or Government agency investigation: ADVICE AND/OR FINDING**

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<b>Internal investigation (if any): PROGRESS/FINDING</b>
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<b>Action taken</b>
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<b>Completed by:</b>	<b>Name:</b>	
	<b>Position in Organisation:</b>	
	<b>Signature:</b>	Date:

<b>Signed by:</b>	Complainant (if not a Child)
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*This record and any notes must be kept in a confidential place and provided to the relevant authorities (Police and Government) should they require them. This record must be kept for a minimum of seven (7) years.*