



## CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

Before completing, ensure the procedures outlined in *Procedure for Handling Allegations of Child Abuse* 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 Formal Complaint Received:	
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 of the person complained about	<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 (1): Contact details: Name (2): Contact details: Name (3): Contact details:	



Dromana 5981 0347  
Rosebud 5981 1770



Dromana Basketball Stadium  
Old White Hill Road, Dromana  
Hillview Stadium  
Boneo Road, Rosebud



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PO Box 122 Dromana, 3936



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:



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Internal investigation (if any)	Finding:
Action taken	
Completed by	Name: Position:  Signature: <span style="float: right;">Date:</span>
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.



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