



Child Concern Reporting Form

This form is to be used for reporting child safety concerns within Brockman House

For further information please refer to the service's Child Safety and Wellbeing Policy and Reporting Child Abuse and/or Neglect Procedure

If you have any concerns for the immediate safety or wellbeing of a child/ren, please contact an Officer from the Central Intake team on 1800 273 889 (within business hours) or Crisis Care Unit on 9223 1111 (outside of business hours) or email: CPDUTY@cpfs.wa.gov.au

NB: If you are a mandatory reporter and believe that a child is at risk of sexual abuse, please contact the Mandatory Reporting Service directly on 1800 708 704, or email MRS@cpfs.wa.gov.au

For life threatening concerns please contact WA Police on 000.

Reporting date: _____

Please tick which Brockman House service the child/ren you are concerned about utilise:

Child Care Outside School Hours Care Community Support Program

If the child does not utilise Brockman House, please specify other: _____

Person Reporting

If you are not a staff member at Brockman House, please complete below:

Person Reporting: _____ Phone: _____

Email: _____ Relationship to child/ren: _____

If you are a staff member at Brockman House, please complete below:

Staff full name: _____ Position: _____

Child/ren's details (if known)

Child/rens Name If name is unknown please provide description	Date of birth	Other relevant information E.g. their contact details



Person/s who may have caused harm to the child/ren (if known)

Person under suspicion If name is unknown please provide description	Relationship to child/ren	Other relevant information E.g. their contact details

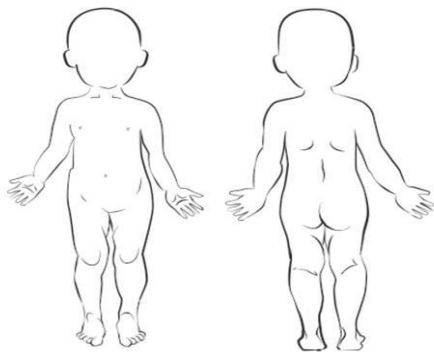
Circumstances that have led to this concern

Location:	Date:	Time:
Witness Name (if applicable):		Phone: (if not a staff member)

Child/ren disclosure – complete only if relevant



Please indicate if the child/ren has any injury on the diagram below



- | | |
|---|---|
| <input type="checkbox"/> Abrasion, scrape | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Broken bone / fracture | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Concussion | _____ |

Additional information

Acknowledgement

By signing this form, you are confirming that the above information you have provided is true to the best of your knowledge. Please sign any additional attachments.

Person Reporting Sign: _____