



## Form 17 – Safeguarding Incident Report Form

Name of parish	
Safeguarding Officer	
Nature of incident	
Date and time of incident	Date: Time:
Name(s) and age of person(s) involved in incident	Name: Age: Name: Age: Name: Age: Name: Age:
Address(es) of person(s) involved (if known)	
Phone No.	
Name(s) of parents / guardians	
Address	
Phone No.(s)	



## Description of incident

1. Describe the incident
2. Names of leaders supervising at the time of the incident:
3. Names of any other witnesses of the incident:
4. How did the person respond after the incident?
5. What action was taken?
6: Follow-up actions

This form has been completed by (name) \_\_\_\_\_ on (date) \_\_\_\_\_

and has been forwarded to the **Diocese of Broome Safeguarding Office** below on (date): \_\_\_\_\_

**Parish Safeguarding Officers and Clergy please retain this form in parish records and forward a copy to:**

**Aidan Mitchell**  
**Safeguarding Officer - Diocese of Broome**  
**T: 0408 018 682**  
**E: [Safeguarding@broomedioocese.org](mailto:Safeguarding@broomedioocese.org)**  
**A: PO Box 76 Broome WA 6725**