

CHILD SAFEGUARDING COMPLAINT FORM



If you have concerns for the safety of a child at our facility, fill out this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**Relationship to child:**

Parent/Guardian  Child  Staff member  Volunteer  Other: \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**PERSON COMPLAINT IS ABOUT**

Name: \_\_\_\_\_

Role/Position:  Staff member  Volunteer  Contractor  Parent  Child

Other: \_\_\_\_\_

**DETAILS OF CONCERN**

Date(s) of incident: \_\_\_\_\_ Time(s) of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Please describe the concern, allegation, incident, disclosure, or behaviour observed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE FILL OUT BOTH PAGES





**IMMEDIATE SAFETY CONCERNS**

Is the child currently at risk of harm?     Yes                       No                       Unsure

If yes, what action was taken?

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**SUPPORTING EVIDENCE**

Written notes     Emails     Text messages     CCTV footage     Photographs

Other: \_\_\_\_\_

**ACTION TAKEN BY ORGANISATION**

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**Was the matter referred to external authorities?**

Queensland Police Service     NSW Police Service                       Child Safety Services

Blue Card Services                       Other: \_\_\_\_\_

Date referred: \_\_\_\_\_    Reference number (if applicable): \_\_\_\_\_

**OUTCOME AND FOLLOW UP**

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**DECLARATION**

I confirm that the information provided in this report is accurate to the best of my knowledge.

Name: \_\_\_\_\_

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

**All child safeguarding concerns are handled in accordance with the LLSS Child Safe Policy and relevant QLD / NSW child protection legislation.**