Incident / Complaint Register Form

Use or adapt this template to record an accident, injury or complaint involving children employed by your organisation.

Complaints that must be recorded include allegations of physical abuse, grooming behaviour or sexual misconduct that have happened during employment. Other complaints that should be recorded include issues relating to the child’s contract such as not being paid.

All incidents and complaints need to be recorded in your incident register. A copy of the record must be provided to the Office of the Children’s Guardian within 72 hours of the employer being made aware of the incident or complaint.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Injury or Complaint** | | | | | | | | | | | | | | | |
| Employer Name | |  | | | | | | | | | | | | | |
| Production Name | | |  | | | | | | | Authority Number | | | | |  |
| Date of incident/ complaint | | | | |  | | Time of incident/ complaint | | | | |  | | | am  pm |
| Child’s full name | |  | | | | | | | | Date of birth | | | |  | |
| Activity at the time | | | |  | | | | | | | | | | | |
| Nature of incident / complaint |  | | | | | | | | | | | | | | |
| Witness(es) |  | | | | | |  | | | |  | | | | |
|  | Name | | | | | | Position | | | | Contact | | | | |
| Code of Practice or Act | Breached  Yes  No  Unsure | | | | | | Sections or Clauses | | | | |  | | | |
| Injury Details |  | | | | | | | | | | | | | | |
| Action by Employer | First aid only  First aid + monitoring/ follow up  Send to Doctor or Hospital  Other (describe) | | | | | | | | | | | | | | |
| Description of treatment and outcome of injury |  | | | | | | | | | | | | | | |
| Post-incident safety measures undertaken |  | | | | | | | | | | | | | | |
| Complaint Details |  | | | | | | | | | | | | | | |
| Complaint made by | Child  Parent/ Guardian  Chaperone/ Supervisor  Nurse  School / Tutor  Other (describe) | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | | | | |
|  | Name | | | | | | |  | Contact | | | | | | |
| Description of actions taken to resolve and outcome |  | | | | | | | | | | | | | | |
| Measures in place to avoid a repeat complaint |  | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | |  | | |
| Report By |  | | | | |  | | | | | | |  | | |
|  | Name | | | | | Signature | | | | | | | Contact | | |