

Incident record



Case number _____

This form is for information about one incident only. If there is a second on the same day or night, start a new form.

When did the incident happen?

Date of Incident (if overnight write both dates)

Time of incident (cross out am or pm)

Day _____ Month _____ Year _____ Start _____ am/pm Finish _____ am/pm

Where did it happen?

Put the address where the incident happened – **not** your own address, unless it's the same.

House/Unit number _____ Road _____ Suburb _____ Outside/Inside _____

Who did it, or who was involved?

Put the name and address of the person or people responsible. If you don't know them write down 'don't know'.

What happened?

Write down exactly what you saw and heard. Put all words in full, including swear words. If someone else saw or heard things, they must fill in their own report.

_____ continue on the other side of the form if you need to

Any witnesses?

Did anyone else see or hear the incident? Yes No

Put their name(s) and address(es). _____

Have they filled in their own Incident Record sheet? Yes No

Have you reported it?

Have you told organisations like the Police, the local authority/Dept of Child Protection or shire? If so write down who you spoke to and, where and when you made the report. (If you have reported it to the Police, write down the Police Log Number, if there is one).

How has it affected you?

Write down the way the incident had made you feel. Include its effect on people you live with.

Your signature I / We believe that the information I have given above is a true description of what I saw and/or heard:

Signed _____ Print name _____ Date / /

Address _____

Case number _____

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Use this side of the form to write anything that won't fit on the front

Lined area for writing notes or details that do not fit on the front of the form.

Your signature I / We believe that the information I have given above is a true description of what I saw and/or heard:

Signed _____

Print name _____

Date

_____/_____/_____

Address _____
