



Allegations against Staff, Contractors, External Providers, Visitors or Volunteers Form

The child safe standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse. Parents, students, staff, volunteer or other members of the college community can use this form to disclose an allegation of abuse or safety concern at the college or to record disclosures.

All incident reports are stored securely and will be dealt with in a confidential manner.

Incident details

Name of person reporting the incident:	
Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	

If you believe a child is at immediate risk of abuse phone 000.

Completion of this form does not replace mandatory reporting obligations. Where required, staff must report directly to Victoria Police and/or DFFH Child Protection in accordance with the College's Mandatory Reporting Policy (Policy 14) and Mandatory Reporting Procedure (14.1).

Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Risk assessment (risk level)

Low

Medium

High

Risk level to be determined by the Child Safety Officer using the Child Safety Risk Register (14.3.3)

Please categorise the incident

Sexual offence		Physical Violence	
Sexual misconduct		Significant neglect	
Grooming		Emotional or psychological Har	
Other (Specify)			



Islamic College of Melbourne

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3029 VIC Australia

PO Box 8153

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(03) 8742 1739

Please describe the incident

Describe what occurred (include exact words used where possible)	
Who was involved?	
Witnesses (if any):	

To be completed only if the report is made by a parent/carer/child and differs from the details recorded above

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	

Has the incident been reported?

Child protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous (Mark with an 'X' as applicable)

Yes No

Reporter's Signature: _____ Date: _____

Child Safety Officer Signature: _____ Date: _____

Human Resource Manager Signature: _____ Date: _____

Principal's Signature: _____ Date: _____



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Date incident report received:	
Staff member managing incident:	
Follow-up date:	
Incident ref. number:	

POLICE/DFFH TRACKING

External reporting required? Yes No
Victoria Police notified (if required): Yes No Date: _____
DFFH Child Protection notified (if required): Yes No Date: _____

REPORTABLE CONDUCT TRACKING

Does this allegation meet the threshold for Reportable Conduct? Yes No
If yes, date CCYP notified: _____

RECORD KEEPING

All forms must be securely stored in the College's restricted child safety records system in accordance with the Public Records Act 1973 (Vic).

Approval Date	23 November 2025
Approved By	Board Chair
Supersedes	Previous
Date of Last Review	25 November 2023
Date for Next Review	2-year cycle