



Department for Child Protection

Mandatory Report – Sexual Abuse
To be completed by Mandatory Reporter

Made under the *Children and Community Service Act 2004*.

Is this a written report following a telephone report (please circle)?	Yes / No
Mandatory Report Number:	
Preferred method for response to report (please circle):	Email / Mail / Fax / Phone
Date and time of report:	
Police Incident Report Number (if applicable):	

Reporter Details

First Name:		Last Name:	
Profession:		Organisation:	
Organisation Name:			
Workplace address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Postal address (if different from above)			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Business Telephone:		Alternate telephone for urgent contact:	
Fax Number:		Email:	

Child/ren Details

Child			
Is this a child of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First name:		Last name:	
Description of child (if name unknown):			
Date of birth:		Or estimated age of child (specify days/weeks/years):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Does this child have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, type of disability:	
Are you reporting a sexually transmissible infection for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Other Address Details			
Current residence of the child:			
School, day care centre, kindergarten or other care arrangement:			
Contact Details			
Telephone:		Mobile:	
Additional Information			
Cultural Identity?	<input type="checkbox"/> Aboriginal/Torres Strait Islander	<input type="checkbox"/> *CaLD	<input type="checkbox"/> Don't Know
	*(Cultural and Linguistic Diversity)		
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify language:	
Is the child aware of this report?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Parents/Carers/Other Significant Persons Details

Parent/Carer/Other Significant Person			
First Name:		Last Name:	
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Telephone:		Mobile:	
Additional information			
Describe relationship to child/ren:			
Is the parent/carer aware of this report?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Persons Alleged Responsible Details (If known)

Person Alleged Responsible			
First Name:		Last Name:	
Age:			
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Telephone:		Mobile:	

Additional information

Describe relationship to child/ren:

Detailed Report

Under s.124C(3)(d) *Children and Community Services Act 2004*, you must provide details of the grounds for your belief that the above named child/ren has been the subject of sexual abuse or is/are the subject of ongoing sexual abuse. You may also provide information that you think is of concern and has informed your belief that child sexual abuse is alleged to have occurred or is likely to occur.