

### CHILD PROTECTION

- HARM
- INAPPROPRIATE BEHAVIOUR
- SEXUAL ABUSE

Dept Child Safety: (07) 4773 8222  
 Juvenile Aid Bureau: (07) 4759 9743

Date of Incident	23/2/2006
Name of person making the report	CLF
Student's Name	
Student's Gender	FEMALE
Students Age (if known)	
Students Date of Birth	
Guardian's Name	
Guardian's Contact Details	
How you became aware of the suspected abuse:	
STUDENT informed me while we were on an outing 26/2/2006.	
Details of the suspected abuse:	
Attached report	
Details of person suspected of this abuse:	
REDACTED	
SIGNED: <i>[Signature]</i>	DATE: 1/3/2006
ACTION TAKEN:	
1) Received 1/3 2) Forwarded to principal 1/3	