



We build strong PEOPLE
strong FAMILIES strong COMMUNITIES

Child Abuse Allegation Record Form

Child's Details:

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Parent/Caregiver's Contact Details:

Name: _____ Address: _____

Work Phone: _____ Home Phone: _____

Details of Person(s) Making the Report:

Name of the person making the report: _____

Position in the YMCA: _____ Contact number: _____

Date of Allegation: ___/___/____ Time of Allegation: ___:___ am / pm (please circle)

Description of Harm or Injury to the Child:

- What occurred that prompted the allegation?
- Please list observations that may be relevant.
- What did you see or hear? (e.g. Injuries, behaviour changes, parent/caregiver interactions)
- Please list dates if possible.

What:

How:

When:

Where:

Any other comments (e.g. previous concerns):

Other background information:

Action:

1. Date & Time of Notification to Family Services: ___ / ___ / ____ ; ___:___ am / pm

Comment: _____

2. Name(s) of Family Services Officers contacted: _____

Comment: _____

3. Date & Time of Notification to YMCA HRM: ___ / ___ / ____ ; ___:___ am / pm

Comment: _____

4. Other documented evidence or statements attached: Yes No (please circle and state if yes)

Comment: _____

5. Accident Report Completed: Yes No (in the event of injuries occurred whilst in YMCA care)

Comment: _____

Signature of manager: _____ **Signature of person making the report:** _____

A copy of this form is to be handed to the investigating officer if the person believed responsible is required for an interview.