



## ATTACHMENT E4: CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

Before completing this form, please ensure that the steps outlined in [Attachment D4] have been followed and advice has been sought from the police and/or the relevant child protection agency.

Complainant's name (if other than the child)		Date formal complaint received: / /
Role/status in sport		
Child's name		Age:
Child's address		
Person's reason for suspecting abuse (e.g. observation, injury, disclosure)		
Name of person complained about		
Role/status in sport	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Rider <input type="checkbox"/> Spectator <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Support Personnel <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other <input type="checkbox"/> Official	
Witnesses (if more than three witnesses, attach details to this form)	Name (1): Contact details: Name (2): Contact details: Name (3): Contact details:	
Interim action taken (if any)		
Police contacted	Who: When: Advice provided:	



Child protection agency contacted	Who: When: Advice provided:
CEO contacted	Who: When:
Police investigation (if any)	Finding:
Child protection agency investigation (if any)	Finding:
Internal investigation (if any)	Finding:
Action taken	
Completed by	Name: Position: Signature: / /
Signed by	Complainant (if not a child)

**This record and any notes must be kept in a confidential and safe place.** If required, they should be provided to the police and/or the relevant child protection agency.