



INCIDENT REPORT

Incident details

Date of incident:	
Time of incident:	
Location of incident:	
Type of activity (e.g. training, competition)	
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.

Please describe the incident

When did it take place?	
Who was involved?	
What did you see?	
Were there any witnesses?	
Other information	



New South Wales Ice Skating Assoc Inc

Has the incident been reported?

Child protection (please include incident report number)	
Police (please include incident report number)	
Another third party (please specify):	

*Please attach any relevant information

Please provide submitter contact details

Name	
Contact email	
Contact phone number:	

Does the incident reporter wish to remain anonymous?

(Mark with an 'X' as applicable)

Yes No

Disclaimer

Not providing contact details may impede the ability of NSWISA to investigate to its conclusion.

Office use:

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