



# CHILD SAFETY FRAMEWORK USER GUIDE

## Form – Confidential Record of Child Abuse Allegation

**The following Child Safe resource is provided as a reference only.**

This document and its content is provided as a guide for your organisation as of July 2020. Your organisation should also consider referencing any information, documents and strategies that might be specifically required for your organisation and relevant to its circumstances, structure and operations.

The information contained in this document is general in nature and should not be considered or relied upon as a substitute for legal advice.

**Please note that references in [square brackets] throughout this document should be tailored for your organisation's policies and procedures.**

Cricket Victoria recommends using this resource with due consideration and consulting a child safe expert or legal advisor to assist with any questions.

Complainant Name: (if other than Child)			
Age: "Adult" if over 18		Date Complaint Received:	/ /
Cricket Club:			
Date notified:			

**CHILD'S DETAILS**

Full Name:					
Address:					
Date of Birth:		Gender:		Age at time of alleged offence:	
Cricket Club:					
Parent/Guardian Name:					
Parent/Guardian Address:					
Parent/Guardian contact details:					

**PERSON'S REASON FOR COMPLAINT/CONCERN (E.G. OBSERVATION, INJURY, DISCLOSURE)**

**LOCATION OF ALLEGED INCIDENT(S)**

---



**NAME OF PERSON COMPLAINED ABOUT**

Full Name:				
Date of Birth:		Gender:		Age at time of alleged offence:
Cricket Club or Association:				
Role/Status <i>(in sport)</i>	<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Parent/Guardian		
	<input type="checkbox"/> Athlete	<input type="checkbox"/> Spectator		
	<input type="checkbox"/> Coach/Assistant Coach	<input type="checkbox"/> Support Personnel		
	<input type="checkbox"/> Employee	<input type="checkbox"/> Official		
	<input type="checkbox"/> Other _____			

**ALLEGED BREACH(ES) OF CHILD SAFETY FRAMEWORK**

**OUTCOME THE COMPLAINANT IS SEEKING:**

**WITNESSES (IF MORE THAN 3 WITNESSES ATTACH DETAILS TO THIS FORM)**

Name {1}:	
Contact details:	
Consent to provide details to others?:	YES / NO
Name {2}:	
Contact details:	

Consent to provide details to others?:	YES / NO
Name (3):	
Contact details:	
Consent to provide details to others?:	YES / NO
Other notes?	

**INTERIM ACTION (IF ANY) TAKEN (TO ENSURE CHILD'S SAFETY AND/OR TO SUPPORT NEEDS OF PERSON COMPLAINED ABOUT)**

<b>Police Contacted</b>	Who:	
	When:	
	Advice provided:	
<b>Government agency contacted</b>	Who:	
	When:	
	Advice provided:	
<b>Government agency contacted</b>	Who:	
	When:	
	Advice provided:	



Cricket Victoria Personnel contacted	Who:	
	When:	

**POLICE AND/OR GOVERNMENT AGENCY INVESTIGATION: ADVICE AND/OR FINDING**

**OTHER REPORTING?**

**INTERNAL INVESTIGATION (IF ANY): PROGRESS/FINDING**

**ACTION TAKEN**

Completed by:	Name:		
	Position in Organisation:		
	Signature:		Date:
Signed by:			

*This record and any notes must be kept in a confidential place and provided to the relevant authorities (Police and Government) should they require them. This record must be kept for a minimum of seven (7) years.*