



Department for Child Protection and Family Support
Mandatory Report – Sexual Abuse
TO BE COMPLETED BY A MANDATORY REPORTER

Made under the *Children and Community Services Act 2004*.

Complete and send to the Mandatory Reporting Service via fax or post.
 Fax: 1800 610 614 Post: PO Box 8146, PERTH BC WA 6849

1a. Is this a written report following a telephone report (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. If yes to 1a, what is the Mandatory Report Number:	
2. Preferred method for response to report (please tick):	<input type="checkbox"/> Email <input type="checkbox"/> Mail
3. Date and time of report (DD/MM/YYYY 00:00 AM/PM):	
4. Police Incident Report Number (if applicable):	
5a. Is this report a concern for more than one child (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. If yes to 5a, how many children are of concern?	
Please ensure you complete page 4 for each additional child of concern.	

DETAILS OF THE MANDATORY REPORTER

First name:		Last name:	
Profession:		Organisation:	
Workplace address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Business telephone:		Alternate telephone for urgent contact:	
Fax number:		Email:	

DETAILS OF THE CHILD OF CONCERN

First name:		Last name:	
Description of child (if name unknown):			
Date of birth:		Or estimated age of child (specify days/months/years):	
Gender (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Does this child have a disability (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, type of disability:	
Are you reporting a sexually transmissible infection for this child (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Other Address Details			
Current residence of the child:			
School, day care centre, kindergarten or other care arrangement:			

Continues overleaf...

Contact Details			
Telephone:		Mobile:	
Cultural identity (please tick)?	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Culturally and/or linguistically diverse <input type="checkbox"/> Don't know		
Interpreter required (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	If yes, specify language:	
Is the child aware of this report (please tick)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**DETAILS OF THE CHILD'S PARENT/S OR CARER/S OR
OTHER SIGNIFICANT PERSON/S (IF KNOWN)**

First name:		Last name:	
Gender (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Telephone:		Mobile:	
Relationship to child/children:			
Is the parent/carer aware of this report?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF THE PERSON/S ALLEGED TO BE RESPONSIBLE FOR THE SEXUAL ABUSE

Under s.124C(3)(ea) Children and Community Services Act 2004, you must provide details if, or to the extent, known to the reporter – (i) the name of any person alleged to be responsible for the sexual abuse; and (ii) the person's contact details; and (iii) the person's relationship to the child.

Note: If the person/s alleged to be responsible for the sexual abuse is/are under 18 years of age, you must still provide their information here.

ALLEGED PERSON 1

First name:		Last name:	
Age:		Gender (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Telephone:		Mobile:	
Relationship to child/children:			

ALLEGED PERSON 2 (if applicable)

First name:		Last name:	
Age:		Gender (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Telephone:		Mobile:	
Relationship to child/children:			

REASONABLE BELIEF

Have you formed a belief, on reasonable grounds, that child sexual abuse has occurred on or after 1 January 2009, or is ongoing? Yes No

DETAILED REPORT

Under *s.124C(3)(d) Children and Community Services Act 2004*, you must provide details of the grounds for your belief that the child/children in this report has/have been the subject of sexual abuse on or after 1 January 2009 or is/are the subject of ongoing sexual abuse.

Please provide as much information as possible, as this will assist with the assessment of the child/children's safety.

If your report relates to a belief that only one child has been the subject of sexual abuse or is the subject of ongoing sexual abuse, you have now completed your mandatory report.

If your report relates to a belief that more than one child has been the subject of sexual abuse or is the subject of ongoing sexual abuse, please continue to provide relevant information on page 4.

PLEASE COMPLETE THIS PAGE FOR EACH ADDITIONAL CHILD OF CONCERN

The details of each additional child provided on this page must relate to the same grounds for belief that child sexual abuse has occurred or is occurring as described on page 3. If your concern is about more than two children, you will need to print and complete an additional copy of this page for each additional child.

DETAILS OF THE ADDITIONAL CHILD OF CONCERN			
First name:		Last name:	
Description of child (if name unknown):			
Date of birth:		Or estimated age of child (specify days/weeks/years):	
Gender (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Does this child have a disability (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, type of disability:	
Are you reporting a sexually transmissible infection for this child (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Other Address Details			
Current residence of the child:			
School, day care centre, kindergarten or other care arrangement:			
Contact Details			
Telephone:		Mobile:	
Additional Information			
Cultural identity (please tick)?	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Culturally and/or linguistically diverse <input type="checkbox"/> Don't know		
Interpreter required (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify language:	
Is the child aware of this report (please tick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DETAILS OF THE ADDITIONAL CHILD/CHILDREN'S PARENT/S <u>OR</u> CARER/S <u>OR</u> OTHER SIGNIFICANT PERSON/S (IF DIFFERENT TO DETAILS PROVIDED ON PAGE 2)			
First name:		Last name:	
Gender (please tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address			
Address:			
Suburb:		Postcode:	
State:		Country:	
Contact Details			
Telephone:		Mobile:	
Relationship to child/children:			