



Fact Sheet 9 - SAMPLE MANDATORY REPORTING FORM

MANDATORY REPORT - SEXUAL ABUSE - TO BE COMPLETED BY MANDATORY REPORTER
Made under the *Children and Community Service Act 2004*

1 YOUR DETAILS (* mandatory fields that must be completed)

* Reporter's name:			Profession:	Organisation:	
* Workplace address:					
Or * Other email address for response to report:					
Contact telephone number:			Fax number:		
Is this a written report following a telephone report?	<input type="checkbox"/> Yes	MRS Receipt No:			Date of report:
	<input type="checkbox"/> No				Time of report:

2 DETAILS ABOUT THE CHILD/REN (* mandatory field that must be completed – if known)

CHILD 1 (or description of child if name unknown)					
* Child's first name:				* Child's last name:	
* Description of child (if name unknown):					
Date of birth:			Or estimated age of child:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Disability and type if known:	Is this report a notification about a sexually transmissible infection (STI)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Address:					
Suburb/town/location:			Postcode:		
Home telephone:			Mobile:		
Current residence of the child:			School, day care centre, kindergarten or other care arrangement (e.g. family day care/nanny etc.):		

Additional information

Cultural identity?	<input checked="" type="checkbox"/> Aboriginal/Torres Strait Islander	<input type="checkbox"/> Culturally and linguistically diverse	<input type="checkbox"/> Don't know
Interpreter required?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Language spoken at home:	
Are the child and the child's family/carers aware of the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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4 NAME OF PARENTS/CARERS/OTHER PERSON PROVIDING CARE

(* mandatory field that must be completed – if known)

First name:	
Last name:	
Address (if different from above):	
Telephone (if different from above):	
Relationship to child/young person (if known):	

Additional information

Significant others close to the child and/or family (e.g. grandparents/aunts/uncles):	
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6 DETAILED REPORT (* mandatory field that must be completed)

Under s.124C(3)(d) *Children and Community Services Act 2004*, you must provide details of the grounds for your belief that the above named child/ren has been the subject of sexual abuse or is/are the subject of ongoing sexual abuse. You may also provide information that you think is of concern and has informed your belief that child sexual abuse is alleged to have occurred or is likely to occur.

<p style="text-align: center; font-size: 48px; color: yellow; opacity: 0.5;">SAMPLE ONLY</p>
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