



# CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

This form is to be emailed to First Hike Project management within  
24 hours of completion, or as soon as practicable at  
[contact@firsthikeproject.org.au](mailto:contact@firsthikeproject.org.au)

Complainant's name (if other than the child)		Date Formal Complaint Received       /       /
Child's name		Child's Date of Birth       /       /
Child's address		
Reason(s) for suspecting abuse i.e. observation, injury, disclosure		
Name(s) of the alleged abuser(s)		
Witnesses (if any)	Name 1 Contact details  Name 2 Contact details	
Interim action (if any) taken to ensure safety of the child and/or support needs of the alleged abuser(s)		
Police notified	Police branch Officer's name Date and time Advice given	

Government agency notified	Agency name Agency representative name Date and time Advice given
FHP Director and/or Protection Information Officer notified	Name Date and time
Police and/or government agency findings. Provide details	
Internal investigation findings. Provide details	

Action taken	
Record completed by	<div>Name</div> <div>Signature</div> <div>Date / /</div>
Signed by Complainant (if not a child)	