

Disclosure of HARM or Suspected Harm to Student/s



Name _____

Team _____

School _____

Home Phone Number _____

Time of Incident _____

Place of Incident _____

Disclosed Information _____

Witness or others involved _____

Immediate Action Taken _____

Parents/Guardians Contacted YES NO
Date:..... Time:

Darling Downs Regional Sports Officer Contacted YES NO
☎ 0419 731 493 Date:..... Time:

State Championship Convenor Contacted YES NO
Date:..... Time:

FOLLOW UP ACTION _____

RECORD QUESTIONS/ANSWERS ASSOCIATED WITH THE ABOVE (Attach records)

Signed:..... Date: