

Important: Queensland’s Reportable Conduct Scheme (the Scheme) requires organisations to report and investigate allegations of child abuse and misconduct by their workers. The Scheme requires that the head of an entity (or their authorised delegate) notify the Queensland Family and Child Commission (the Commission) within 3 business days of becoming aware of the allegation or conviction.

This template is a useful guide for organisations covered by the Scheme and may be used when submitting the initial report to the Commission under section 35(1) of the *Child Safe Organisations Act 2024* (the Act). Please note, use of the template is not required and is intended to reflect a ‘best practice approach’.

The Scheme does not replace any existing mandatory reporting requirements. You are still obliged to meet your mandatory reports, even if you submit this form.

Items marked with * are required to be reported under the Act.

Part 1 – Reporting entity details

1.1 Entity details

*Entity name		
*Legal name		
*ABN		
ACN		
*Phone		
*Sector information <i>Which sector does the reporting entity fall within?</i>	<input type="checkbox"/> Accommodation or Residential Services <input type="checkbox"/> Child Protection Service <input type="checkbox"/> Early Childhood Education and Care <input type="checkbox"/> Education Services <input type="checkbox"/> Government Entities	<input type="checkbox"/> Health Services <input type="checkbox"/> Justice or Detention Services <input type="checkbox"/> Religious Bodies <input type="checkbox"/> Services for Children with a Disability <input type="checkbox"/> Not captured by CSO Act <input type="checkbox"/> Unknown
Sub sector		
*Location address		
*Is the postal address the same as the location?	<input type="checkbox"/> Yes <input type="checkbox"/> No, provide details:	

1.2 Your details	
*Are you the head of entity or their authorised delegate	<input type="checkbox"/> Head of entity <input type="checkbox"/> Authorised delegate
Title	
*First name	
Middle name/s	
*Last name	
*Contact <i>Must provide one</i>	<input type="checkbox"/> Phone..... <input type="checkbox"/> Email
Address	
Role	
Part 2 – Incident location	
Did the incident occur at a different location to the entity you are from?	<input type="checkbox"/> Yes, continue to section 2.1 <input type="checkbox"/> No, continue to part 3
2.1 Incident location	
If the incident occurred at a location other than the entity's primary location, provide address only.	
Entity name	
Phone	
ABN	
ACN	
Sector information	
Sub sector	
Address	

Part 3 – Details of worker subject to reportable allegation or reportable conviction notification

3.1 Identity details of worker

*First name	
Middle name/s	
*Last name	
Former names (<i>if known</i>)	
Aliases (<i>if known</i>)	
Preferred name	
*Date of birth	
Phone	
Email	
Address	
Gender	<input type="checkbox"/> Man/male <input type="checkbox"/> Woman/female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other

3.2 Employment or engagement details

*Role in the entity	
What are the worker's duties?	
Does the worker frequently interact directly with children as a regular part of their duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the nature and frequency of the worker's direct contact with children:
For example: supervision, one-on-one interaction, group settings.

3.2 Employment or engagement details (continued)

*Is the worker currently performing work for the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment dates:	Start date End date
Is the worker employed at any other organisation, if known?	<input type="checkbox"/> Yes, provide details: <input type="checkbox"/> No

3.3 Worker screening and registrations

Do you know any of the worker's screening and registration details?	<input type="checkbox"/> Yes, complete below <input type="checkbox"/> No, continue to part 4
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Agency	Number
<input type="checkbox"/> Blue Card	
<input type="checkbox"/> Disability Worker Screening Card	
<input type="checkbox"/> Transport and Main Roads customer reference	
<input type="checkbox"/> Queensland College of Teachers registration	
<input type="checkbox"/> AHPRA registration	
<input type="checkbox"/> Other: <i>(please specify)</i>	

Part 4 – Details of the reportable conduct

<p>*Do you know if the matter you are reporting is a reportable allegation or reportable conviction?</p>	<p><input type="checkbox"/> Reportable allegation <i>A reportable allegation is an allegation or other information that leads a person to form a reasonable belief that a worker of a reporting organisation has committed—</i> <i>(a) reportable conduct; or</i> <i>(b) misconduct that may involve reportable conduct.</i></p> <p><input type="checkbox"/> Reportable conviction <i>A reportable conviction is a conviction for an offence committed by the worker against a law of a State or the Commonwealth that may involve reportable conduct.</i></p> <p><input type="checkbox"/> Unknown</p>
<p>*When did you, as the head of the entity or their authorised delegate, become aware of the reportable conduct?</p>	
<p>*Is the reportable conduct:</p>	<p><input type="checkbox"/> A single incident or omission <input type="checkbox"/> A series of incidents or omissions</p>
<p>*In what capacity did the reportable conduct occur?</p>	<p><input type="checkbox"/> While the worker was performing work <input type="checkbox"/> In their private capacity</p>
<p>*When did the reportable conduct occur?</p>	
<p>*Does the reportable conduct involve criminal conduct?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*What type of reportable conduct are you reporting?</p>	<p><input type="checkbox"/> A child sexual offence <input type="checkbox"/> Sexual misconduct, committed in relation to, or in the presence of, a child <input type="checkbox"/> Ill-treatment of a child <input type="checkbox"/> Significant neglect of a child <input type="checkbox"/> Physical violence committed in relation to, or in the presence of, a child <input type="checkbox"/> Behaviour that causes significant emotional or psychological harm to a child</p>

Part 4 – Details of the reportable conduct (continued)

*Provide a factual description of the reportable allegation or conviction
Outline the details including the dates, times, locations, and circumstances of the reportable conduct.

Part 5 – Other agencies

*Do you know if another agency or regulator has been made aware of the concern/s?

- Yes, continue to section 5.1
- No, go to part 6

5.1 Which agency has the concern been referred to?

Agency	Date reported	Reference number
<input type="checkbox"/> Queensland Police Service		
<input type="checkbox"/> Child Safety (<i>Department of Families, Seniors, Disability Services and Child Safety</i>)		
<input type="checkbox"/> Queensland College of Teachers		
<input type="checkbox"/> Department of Education		
<input type="checkbox"/> Regulator		
<input type="checkbox"/> Blue Card Services		
<input type="checkbox"/> Other: (<i>please specify</i>)		

Part 6 – Actions taken in response to the reportable conduct

***What action has been taken in response to the reportable allegation or conviction?**

This section should include an update on any action, including risk management action, taken in response to the reportable allegation or reportable conviction. This includes steps taken to safeguard children and others (for example: supervision changes, restricted duties, suspended access).

Part 7 – Victim’s details

Do you have details you can share about the victim involved in this concern/s?	<input type="checkbox"/> Yes, continue to section 7.1 <i>Where there are multiple victims, provide their details in part 8</i> <input type="checkbox"/> No, continue to part 8
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7.1 Identity details of the victim

First name	
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Middle name/s	
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Last name	
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Preferred name	
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Age	
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Gender	<input type="checkbox"/> Man/male <input type="checkbox"/> Woman/female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other
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Does the victim identify as an Aboriginal person or a Torres Strait Islander person?	<input type="checkbox"/> An Aboriginal person <input type="checkbox"/> A Torres Strait Islander person <input type="checkbox"/> An Aboriginal and Torres Strait Islander person <input type="checkbox"/> Do not identify <input type="checkbox"/> Unknown
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Is the victim from a culturally or linguistically diverse community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Is the victim a person with disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Was the victim engaged with a service of your organisation at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part 8 – Additional information

Provide additional information relevant to your concern/s:

Part 9 – Lodging

Lodge this form:

- **Online:** www.qfcc.qld.gov.au
- **Post:** Queensland Family and Child Commission, PO Box 15217, Brisbane City East QLD 4002

If the reportable conduct you wish to report relates to child exploitation material, do not attach images to this report as this constitutes a criminal offence. You must also consider your obligations to report to police. You can seek advice from police about what to do with child exploitation material.

Please note if you submit this form, you are declaring that:

- I am the Head of Entity of a reporting entity or authorised delegate.
- I have taken reasonable steps to provide as much detail as possible.
- I understand that by submitting this form, I am providing an initial report for reportable conduct as defined in the *Child Safe Organisations Act 2024 (Qld)*.
- I will handle personal information appropriately and will not disclose personal information where I am not authorised, or it is not appropriate to do so.
- I understand that it is an offence to provide a false or misleading statement or document.

Date interim report completed		Date approved by Head of Entity	
Head of Entity signature			
Head of Entity name and title			

Part 10 – Privacy statement

The Queensland Family and Child Commission (the Commission) is collecting personal information for the purpose of carrying out the Commission’s functions under the *Child Safe Organisations Act 2024 (Qld)* and may provide your information to corresponding bodies in accordance with the Commission’s functions.

The personal information you provide will only be used for the purposes for which it was collected. Personal information will be handled in accordance with the *Child Safe Organisations Act 2024* and the *Information Privacy Act 2009*. If you do not provide the required information, we may not be able to fulfil that purpose.

A head of a reporting entity under the *Child Safe Organisations Act 2024* is required by law to provide certain information to us. Penalties may apply if you fail to provide certain information, or if you knowingly provide false or misleading information.

You can find information about how we handle your information in our [privacy plan](#) on our website, and about how you can access and amend your personal information on our [Right to Information webpage](#). You can [contact us](#) if you have questions or complaints about how we manage your personal information.

Section 102 of the *Child Safe Organisations Act 2024 (Qld)* makes it an offence for a person to knowingly give Commission officials false or misleading information. Maximum penalty for such an offence is 100 penalty units.

By submitting this form to the Commission, you affirm that, to the best of your knowledge, the information provided by you on this form is accurate and truthful and you confirm that the information being provided to Commission officials is not false or misleading in any material particular.