

Safeguarding Concern Report Form

If you have any concerns for the **immediate safety** of a child or adult call **000**.

This form can be used by **anyone** to report a concern about the well-being of a participant (child or adult) who accesses any support or services provided by Identitywa Disability Services Limited (Identitywa). This form may also be used to report a suspicion or allegation of abuse.

Any report received will be taken seriously and treated with sensitivity. Matters will be acted on in accordance with Identitywa's *Privacy Policy and Procedure* and will be subject to all our moral, ethical, and legal obligations.

Identitywa is a mandatory reporter under the Western Australia Ombudsman [Reportable Conduct Scheme](#) and must notify the Ombudsman of allegations of (or convictions for) child abuse involving any of our workers (e.g. paid workers, volunteers, contractors).

Identitywa is also a mandatory reporter under the [Department of Communities' Mandatory Reporting of Child Sexual Abuse](#).

Likewise, as a registered NDIS provider, Identitywa must notify the NDIS Quality & Safeguarding Commission of all reportable incidents that occur (or alleged to have occurred) during the provision of NDIS supports or services to our participants.

If you require assistance in completing this form, please contact Identitywa's **Safeguarding Representative** during business hours on (08) 9474 3303 or email Quality.Feedback@identitywa.com.au.

PART A: I AM PROVIDING			
<input type="checkbox"/> My own report (I am the Victim or Witness)			
<input type="checkbox"/> A report on behalf of someone else (provide details below)			
Details of whom you are reporting <u>on behalf of</u> :			
Last Name		First Name	
Phone		Email	
Are they an Identitywa participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify their service location (if known)			

PART B: REPORT IS ABOUT (Please select, if known)		
<input type="checkbox"/> Identitywa Worker	<input type="checkbox"/> Identitywa Contractor	<input type="checkbox"/> Identitywa Volunteer
<input type="checkbox"/> Participant (under 18yo)	<input type="checkbox"/> Participant (18yo+)	<input type="checkbox"/> Other: (<i>Specify</i>)

PART C: INCIDENT DETAILS

Please provide as much detail as possible

Consider **who** did what to **whom**, **when** it happened, **where** it happened, **how** it happened, were there any **witnesses**, and what **immediate action** was taken?

Please attach any additional information.

PART D: DETAILS OF PERSON COMPLETING THE FORM

Last Name		First Name	
Phone		Email	
Would you like to remain anonymous?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you wish to remain anonymous, we may be limited on what we can do if more information is required and we may be unable to provide you with any feedback.			

I have a role in Identitywa (e.g. Support Worker, Supervisor)		<input type="checkbox"/> Yes* (see below) <input type="checkbox"/> No	
Role		Location	

Send completed form to:
Safeguarding Representative
PO Box 278 Leederville WA 6902
Or Email:
Quality.Feedback@identitywa.com.au

OFFICE USE ONLY – To be completed by the Identitywa Safeguarding Representative

If this event has been reported externally, please specify:

- Archbishop, Catholic Archdiocese of Perth
- WA Police
- Department of Communities' Mandatory Reporting Service
- WA Ombudsman Reportable Conduct Scheme
- NDIS Quality & Safeguarding Commission
- Other: *(Specify)*

Reported to:

Full Name		Position	
Date		Time	
Phone		Email	
Added to Incident Management System (IMS) <input type="checkbox"/>	Date	Added by (Name)	IMS Number
Added to TRIM <input type="checkbox"/>	Date	Added by (Name)	TRIM Number