1. **BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| **School/Branch**  |  |
| **Principal/Manager** |  |

|  |  |
| --- | --- |
| **Date Allegation was made known** | Click or tap to enter a date. |
| **Allegation received thru:** | [ ]  Verbal[ ]  Email  | Reported by |  |
| Position/Role |  |
| [ ]  Student/Incident Report[ ]  RISKMAN Report | Report details |  |
| [ ]  Other – provide details: |

|  |  |
| --- | --- |
| **Name of child/children: (alleged victim)**  |  |

|  |  |  |
| --- | --- | --- |
| **Details of person subject of the allegation (PSOA)** | Name |  |
| Position/Role |  |

1. **SUMMARY OF REPORTABLE CONDUCT ALLEGATION OR CONVICTION**

|  |  |  |
| --- | --- | --- |
| **Allegation** | **Description of reportable conduct allegation or conviction** | **Reportable Conduct Category** |
| 1 |  | Choose an item. |
| 2 |  | Choose an item. |
| 3 |  | Choose an item. |

1. **RISK ASSESSMENT**

Risk Rating Matrix - Refer to the [ACT Ombudsman Practice Guide No.3 Risk Management](http://www.ombudsman.act.gov.au/__data/assets/pdf_file/0010/81001/No.-3-Risk-management-following-an-allegation-of-reportable-conduct-against-an-employee.pdf) for more information.

| **Who/what is at risk?** | **What is the risk and what is the impact of the risk behaviour?** | **Control Measures** | **Likelihood** | **Consequence/ Impact** | **Risk Rating** |
| --- | --- | --- | --- | --- | --- |
| 1. **Child/Children (alleged victim)**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |
| 1. **Other children or vulnerable people in the workplace**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |
| 1. **Employee who is subject of the allegation (PSOA)**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |
| 1. **Confidentiality**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |
| 1. **Directorate, workplace or community**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |
| 1. **Inquiry Process**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |
| 1. **Others**
 | Initial |  |  | Choose an item. | Choose an item. | Choose an item. |
| Ongoing |  |  | Choose an item. | Choose an item. | Choose an item. |

1. **PLANNING AND COORDINATION**

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| --- | --- | --- |
| **Are there other agencies involved in the Inquiry?***Other agencies may be required to conduct their own investigations. Care should be taken to coordinate inquiries across agencies to lessen the impact on those involved and to avoid jeopardising another agency’s inquiries.* | [ ]  Yes | [ ]  No |
| If Yes, provide agency name, contact person with contact details and impact on Inquiry progress: |

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| **Supports for Employee (PSOA)**  |
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| **Consider who will be interviewed:** |
|  | Name: |  | Position/Role: |  |
|  | Name: |  | Position/Role: |  |
|  | Name: |  | Position/Role: |  |
|  | Name: |  | Position/Role: |  |

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| --- |
| **Sources of Evidence**  |
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