

Report Form – Member Protection Incident
Date of Report:
Name of Reporter: (can be anonymous)
Role/Relationship to RLSSA: (e.g., volunteer, member, participant)
Contact Information: (optional)
Date and Time of Incident:
Location of Incident:
Description of Incident:
(Please provide a detailed description of the incident, including any witnesses, context, and any immediate actions taken.)
Type of Incident: (select all that apply) <input type="checkbox"/> Bullying <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Safety Concern <input type="checkbox"/> Misconduct <input type="checkbox"/> Other (please specify): _____
Immediate Safety Concerns: (describe any immediate safety concerns for any individuals involved)
Actions Taken: (describe any actions taken at the time of the incident, including who was notified and what measures were implemented)
Additional Information: (any other relevant information)
Signature: (optional)

Version: 3	Developed: General Manager – Capability & Industry
Developed: July 2024	Authorised: RLSSA Chief Executive Officer
Last reviewed: April 2025	Governance: RLSSA Board