



**Australian Government**  
**Department of Foreign Affairs and Trade**

## Child Protection (CP) and Sexual Exploitation, Abuse and Harassment (SEAH) Incident Notification Form

What is this form for? - This form is for organisations or individuals (including Department of Foreign Affairs and Trade (DFAT) staff, partners and members of the community) to report an alleged incident to DFAT. DFAT requires all staff and partners to immediately report (within 24 hours) any suspected, alleged or known incidents of child exploitation, abuse and harm or sexual exploitation, abuse and harassment (SEAH) related to the delivery of DFAT business. Reports in relation to DFAT staff/family members as victim-survivors or perpetrators can be reported to [conduct@dfat.gov.au](mailto:conduct@dfat.gov.au).

### If anyone related to this notification needs assistance:

**In Australia** – For emergencies call 000. For counselling and referral support contact 1800RESPECT (1800 737 732, 24 hours), Lifeline 131114 (24 hours) or the National Disability Abuse and Neglect Hotline (9am-7pm, Mon-Fri) - 1800 880 052

**Outside Australia** – Access local police (if safe to do so) or the nearest medical centre/clinic/hospital. For counselling and referral support visit [www.Lila.help](http://www.Lila.help) or [www.findahelpline.com](http://www.findahelpline.com) for information on helplines available in your area.

To report a CP or SEAH incident, please fill in this form and email to: [childprotection@dfat.gov.au](mailto:childprotection@dfat.gov.au) (for CP or seah.reports@dfat.gov.au (for SEAH), or telephone +61 2 6261 5100 to report CP or SEAH and the appropriate area will respond. Please submit a report using all available information.

### 1. Details of reporting individual

<input type="checkbox"/> Victim-survivor <input type="checkbox"/> Partner organisation <input type="checkbox"/> Community member <input type="checkbox"/> DFAT staff (Please leave blank if you wish to remain anonymous, it is important to understand that if a person reports a matter anonymously, DFAT may have limited ability to follow up on the report.)	
Name of Reporting Organisation/Individual:	[ ]
Contact name:	[ ]
Telephone:	[ ]
Email:	[ ]
Do you identify as a person with a disability?	[ ] please select - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> rather not say
If yes - Accessibility requirements (eg. Translator, one-on-one assistance, large print, screen reader compatibility, etc)	[ ]

If you have challenges reading or accessing this notification form, please email [childprotection@dfat.gov.au](mailto:childprotection@dfat.gov.au)

**2. Incident details (please report based on the information currently available, expand or provide attachments as necessary)**

Date(s) and location of alleged incident:	
Details of alleged incident:	
Where possible, please provide the alleged perpetrator's name, connection to DFAT and other relevant details: (eg. gender, nationality, employer/program, etc)	
Are you (victim-survivor)/is the victim-survivor a recipient, client or participant of a DFAT program/activity? If so, please provide details.	
Have you (victim-survivor)/has the victim-survivor given consent for the incident to be investigated? (Please provide further information on how the incident will be managed).	<input type="checkbox"/> Yes <input type="checkbox"/> No
What support have you (victim-survivor) received/has been offered to the victim-survivor?	
Are you/the victim-survivor/any other person at risk of harm? (If yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Reporting to police or other authorities**

(NOTE: incidents should only be reported to police when it is safe to do so and does not put the victim-survivor at risk of harm)

Has the incident been reported to local police / Australian Federal Police / other authorities? (If yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**4. Other information**

<b>DFAT Program / Activity:</b> (include agreement title and number if known)	
<b>Name of DFAT partner(s) associated with the program/activity/agreement:</b> (e.g. name of organisation(s) with a direct agreement with DFAT)	
<b>Date alleged incident report was received by your organisation:</b>	

**What about the privacy of those included in this form?**

DFAT takes a victim-survivor centred approach to the reporting of alleged CP and SEAH incidents. Reporting is not mandatory for victim-survivors or their families. Incidents should only be reported where it is safe to do so. Information that identifies victims-survivors does not need to be provided. If the victim-survivor does not consent to a report, please ensure the information provided is deidentified.

**Privacy Statement**

I have read and understood the DFAT Privacy statement ([Link to Privacy statement](#))

Yes  No

**DFAT's Privacy Policy**

Further information about how: (a) you can access and seek correction of personal information that DFAT holds about you; and (b) to make a complaint if you have a concern or believe DFAT may have breached an Australian Privacy Principle is available through the DFAT Privacy Policy: <https://dfat.gov.au/about-us/corporate/privacy/Pages/privacy.aspx>.

### Privacy Declaration

By completing and submitting this form, I declare that:

I have read, understood and agree to the collection, use and disclosure of my personal information in accordance with this incident notification form.  Yes  no

I confirm that if any child/victim-survivor is identified in this report, that consent has been provided by that child/victim-survivor and (where possible) the child's parent/guardian and if not, that identifiable information has been omitted.

I confirm that if any whistleblowers have provided their details in this form, they have consented to do so.

If you have any concerns about how the personal information collected in this form will be used, disclosed or shared, you should notify DFAT as soon as possible by emailing [seah.reports@dfat.gov.au](mailto:seah.reports@dfat.gov.au) or [childprotection@dfat.gov.au](mailto:childprotection@dfat.gov.au) or telephoning +61 2 6178 5100.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

FOR MORE INFORMATION, PLEASE SEE DFAT'S CHILD PROTECTION POLICY AVAILABLE AT [WWW.DFAT.GOV.AU/CHILDPROTECTION](http://WWW.DFAT.GOV.AU/CHILDPROTECTION), DFAT'S PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PSEAH) POLICY AVAILABLE AT [WWW.DFAT.GOV.AU/PSEAH](http://WWW.DFAT.GOV.AU/PSEAH)

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Date