## INAPPROPRIATE BEHAVIOUR REPORT

PLEASE NOTE: Do not use this Inappropriate Behaviour Report if the allegations concern sexual abuse, suspected sexual abuse, likely sexual abuse, harm or suspected harm of a student by any person. The reporting procedures in <u>sections 2.2 and 2.3</u> of the Student Protection Policy must be immediately implemented.

This form must be completed immediately by a person who becomes aware or reasonably suspects inappropriate behaviour towards a student by a staff member or any other person.

The form must be immediately provided to the Rector or a Student Protection Contact. If the allegations are about the Rector the form must be immediately provided to a Student Protection Contact.

## PART A (to be completed by person making report)

**ALLEGATIONS AGAINST** 

School	Iona College			
Staff member making report				
INFORMATION ABOUT INAPPROPRIATE BEHAVIOUR RECEIVED FROM				
Name				
Address				
Contact Number				
Position at school				
How was information received?				
When was information received?				
ALLEGED STUDENT VICTIM				
Name				
Date of birth				
Year level				
Male / Female				

Name					
Role (if applicable)					
Relationship to alleg	ed student victim				
		1			
DETAILS OF ALLEGED IN	APPROPRIATE BEHAVIO	OUR			
OTHER RELEVANT INFOR	RMATION				
REPORTED TO RECTOR /	STUDENT PROTECTIO	N CONTACT			
By (name)					
Date	Time	am	pm		
SIGNATURE OF PERSON MAKING REPORT					
Date					