

To be completed by anyone who wishes to report a safety concern.

The completed form should be given to the nominated Safety Contact or Church Concerns Person at your church/ organisation and used for reporting to the relevant authorities if required.

This information is to be kept strictly confidential. The provision of information to authorities for the protection of a child or vulnerable adult is not a breach of confidentiality.

If a child or vulnerable adult is in immediate danger ring 000 and report to the police.

YOUR DETAILS

Full Name: _____

Address: _____

Contact Number: _____

Role/Title: _____

Organisation: _____

DETAILS ABOUT WITNESSES OR THIRD PARTY

Full Name: _____

Address (if known): _____

Contact Number: _____

Role/Title: _____

Organisation: _____

WHAT ARE YOU CONCERNED ABOUT?

Provide a factual description of what happened (either what was said, reported or observed, including injuries) and/or the specific circumstances that supported your decision to complete this form.

It is important to provide as much information as possible, basing your information on facts and observations, without making assumptions, jumping to conclusions, or making value judgments. Attach any relevant documentation.

Date of Incident/observations: ___ / ___ / ___

Time of Incident/Observations: ___ : ___ am / pm

