

To be completed by any person who hears a disclosure or wishes to report safety concerns about a child or young person.

**If a child is in immediate danger, ring 000 and report the situation to the police.**

When abuse is disclosed, ensure the immediate safety of the child. Then, as soon as possible after the discussion or incident, fill in this form with as much information as you know without asking any more questions.

The completed form should be given to the nominated Safe Contact Person of your church and used for reporting to the relevant authorities.

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

**If you need to report a case of misconduct, abuse or historical abuse, please contact:**

Executive Minister  
Churches of Christ in Western Australia Inc.  
22 Plantation Street, Menora, WA, 6050  
P: 08 9471 8500

## YOUR DETAILS

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Role / Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## CHILD OR YOUNG PERSON DETAILS

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

First Language: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling names / ages: \_\_\_\_\_

## PARENT / CARER / GUARDIAN DETAILS

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

First Language: \_\_\_\_\_

Have the parents/guardians of the victim been notified? **(Please Circle)** YES / NO

If yes, person(s) spoken to: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

What were they told? \_\_\_\_\_

## ALLEGED PERPETRATOR DETAILS (IF KNOWN)

Complete as much information as you know.

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

First Language: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is this person involved in Ministry or leadership in any capacity? **(Please Circle)** YES / NO

If yes, in what capacity? \_\_\_\_\_

Does the alleged perpetrator know about the report? **(Please Circle)** YES / NO

If yes, spoken to by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

What were they told? \_\_\_\_\_

## NATURE OF REPORT (IF BASED ON A DISCLOSURE)

Date of Incident: \_\_\_ / \_\_\_ / \_\_\_      Time of Incident: \_\_\_ : \_\_\_ am / pm

Does the child/young person know this disclosure is being documented? **(Please Circle)** YES / NO

Nature of alleged abuse:  Physical    Emotional    Sexual    Neglect    Family Violence

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NATURE OF REPORT (IF BASED ON REASONABLE CONCERNS)

What are you concerned about? Fill in as much as you know without asking more questions. Provide a brief 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.

Date of Incident: \_\_\_ / \_\_\_ / \_\_\_      Time of Incident: \_\_\_ : \_\_\_ am / pm

Does the child/young person know this disclosure is being documented? **(Please Circle)** YES / NO

Nature of alleged abuse:  Physical    Emotional    Sexual    Neglect    Family Violence

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTION TAKEN

Have you reported to the Police? **(Please Circle)** YES / NO

If yes, reported by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

Name of Officer: \_\_\_\_\_

Police Station: \_\_\_\_\_ Reference Number: \_\_\_\_\_

Have you reported to the COCWA Executive Minister? **(Please Circle)** YES / NO

If yes, reported by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

## FORM COMPLETED BY

Full Name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

## CONTACT POINTS

### CONCERNS FOR A CHILD OR YOUNG PERSON:

#### METROPOLITAN

Central Intake Team: 1800 273 889

Metropolitan District office numbers on website  
(see below)

#### AFTER HOURS - CRISIS CARE

Metro: (08) 9223 1111

Country free call: 1800 199 008

#### METROPOLITAN

Ring the local Child Protection and Family Support  
District Office

Go to website: [www.dcp.wa.gov.au](http://www.dcp.wa.gov.au)

go to: 'Contact Us'

go to: Country (and Metropolitan) district  
office phone numbers