

Safe Churches

PLEASE ENTER NAME OF CHURCH OR ORGANISATION		
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Incident Report: Risk of Harm

To be completed by the person who hears a disclosure or wishes to report a child of young person at risk of harm. The completed form should be given only to the Safe Church Reporting Officer, and then kept in a locked filing cabinet. The information will be used for reporting to the appropriate authorities, including the Department Child Protection.

PART A									
Name of person filling in t report (Reporter)	his								
Name of Safe Church Reporting Officer:									
Relationship to the alleged victim:	t								
Nature of alloged abuse:	physical	emotional	sexual						
Nature of alleged abuse:	neglect	witness to domestic	c violence						
This report is due to:	reasonable grounds	disclosure made or	e made on:						
Describe why you have reasonable grounds for this report (add pages if needed). Include when and how you became aware of the information; names of other witnesses; description of any injuries; description of the behavior of the child or young person; the carer's attitude regarding the incident (if known). Where disclosure has occurred provide a first person verbatim in this space. Record the child or young person's actual words as best as you can.									
Signature		Date/T	ime						

Continued over...

PART B

Details of alleged abuse	victi	m						
Name:			Age			⁄lale	Female	
Address:			•					
Parent/Guardian				F	hone			
Names of siblings:						•		
Have the parents/guardia	ns of	the alleged victim been notified?		Yes		□ N	0	
If yes, person(s) spoken to):			Date	/Time			
What were they told:				,				
Details of alleged perpetrator of the abuse (if known)								
Name:			Age			⁄lale	Female	
Address:								
Phone:								
Does the alleged perpetra	tor k	now about the report?		Yes		□ N	0	
If yes, who spoke to him/h	ner:	er:		Date/Time				
What was he/she told:								
Church's response to alleged abuse/risk of harm								
Safe Church Reporting Of	ficer	(SCRO) advised?			Yes	5	□No	
Reported to SCRO by:				Date/	Time			
Statutory Body/Departme	nt Cl	nild Protection?			Yes	5	☐ No	
Name of call centre work	er:			Ref #				
Have the police been noti	fied?				Yes	5	☐ No	
Reported to police by:				Date/	Time			
Name of Officer and Station	on							
Advice given by police off	icer							
Report submitted by:			Positior Church					
Signature			Date					