

CONFIDENTIAL

Safe Church Concern Form

In the event of an allegation or report being received about potential or actual harm to a child or other vulnerable person, this form should be completed and given to your **Safe Church Concerns Person** (email to safechurch@werribeebaptist.org.au), who will follow up as appropriate. This document should be kept securely for 45 years. Do not discuss your concern with anyone other than the **Safe Church Concerns Person**, unless instructed to do so.

If there is immediate danger, call Police (000).

Details of the victim:

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB/age:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Address:** |  |

Details of the alleged perpetrator (the person about whom the allegation has been made):

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB/Age:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Address:** |  |

Does this person hold a position/role in the church? **Yes**[ ]  **No**[ ]

|  |
| --- |
| If yes, please provide details of position/role held (NA if not applicable). |
|  |

**Has any other person or organisation (Police, Child Protection, CCYP) been notified? Yes**[ ]  **No**[ ]

|  |  |
| --- | --- |
| **Name of Agency notified:** |  |
| **Officer’s name (if known):**  |  |
| **Time/Date:** |  |
| **If not reported, reason?** |  |

**Nature of alleged abuse:** [ ]  physical [ ]  emotional [ ]  sexual

[ ]  neglect [ ] witness domestic violence

**Any specific allegations made by the victim? (in brief; using their exact words if possible)**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Please provide brief details of the behaviour observed or other reasons you have concerns of abuse/neglect, such as when, where, who, how and any other possible witnesses or persons involved or who could be affected. (Attach additional sheet if necessary)**

|  |
| --- |
|  |

**Any further details: (attach additional sheets if necessary)**

|  |
| --- |
|  |

Details of the person completing this form:

|  |  |
| --- | --- |
| **Name:**  |  |
| **Signature:** |  |
| **Date (that form is submitted):** |  |
| **Address:** |  |
| **Role:** |  |
| **Phone:** |  |
| **Email:** |  |

**Completed form** must be handed to the Safe Church Concerns person, Lead Pastor or emailed to safechurch@werribeebaptist.org.au

Details of the person receiving this form:

|  |  |
| --- | --- |
| **Name:**  |  |
| **Signature:** |  |
| **Date (that form is received):** |  |
| **Address:** |  |
| **Role:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Format form was received:** |  |