

# Safe Church Concerns Form



The completed form should be given to a member of your Safe Church Team who will follow the *Procedure for Responding to Child Protection Concerns*.

This documentation is to be kept in a locked filing cabinet and/or in secure electronic format for at least 45 years from the date of completion.

Please do not discuss the concern with anyone other than the Safe Church Team or your Ministry Team Leader.

**If there is immediate danger, please contact the police immediately.**

**Church name:** \_\_\_\_\_

## Details About the Person Completing This Form

Either the victim, the person bringing a concern, or the Safe Church Team.

**Name:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Relationship to the victim:**

**Relationship to the person allegedly causing harm:**

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

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

## Details of Alleged Victim

If applicable.

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

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian contact #: \_\_\_\_\_

## Details of the Person Against Whom the Allegation Has Been Made

If applicable.

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

Date of birth (if known, otherwise approximate age): \_\_\_\_\_

Home address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position/Title at time of allegation (if any): \_\_\_\_\_

Is the person aware of the existence of the allegations?                      Yes                      No

Continued over...

## Nature of the Allegation

Provide details of the allegations that were made known to you – what has been alleged, when it was alleged to have occurred, other relevant details (if necessary, use additional page/s and submit along with this form).

**Are there additional pages to this form?**    Yes    No    **How many?** \_\_\_\_\_

**Names and contact details of any witnesses:**

Written accounts should be received from each person who received a disclosure or observed a concern, however, do not start an investigation at this stage.

**Have written accounts from witnesses been attached?**    Yes    No

**How many pages of witness accounts are there?** \_\_\_\_\_

**Who else knows about the alleged abuse?**

**Signature of person bringing concern:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Part 2—Safe Church Team to Complete the Following Information

Is the Mandatory Report Guide completed?      Yes      No

If yes, please attach report printout.

Agency	Date	Reference/ Event Number	Name of contact
Police			
DCJ (FaCS)/ CYPS			
OCG/Ombudsman			

**Contact with Ministry Standards Hotline 1300 647 780**

Date and time: \_\_\_\_\_

**Emailed copy of Safe Church Concerns Form to [standards@nswactbaptists.org.au](mailto:standards@nswactbaptists.org.au)**

Date and time: \_\_\_\_\_

**Safe Church Team provides feedback to the person bringing the concern about church response and any reports made**      Yes      No

**If yes, date and time of reports:**

**Signature of Safe Church Team Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_