**CONFIDENTIAL**

**<Church name here>**

**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, 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:

Position/role in the church:

DOB/Age:

Phone:

Email:

Address:

**Has any other person or organisation (Police, Child Protection, CCYP) been notified? YES/NO (circle)**

**Officer’s name (if known):** ......................................................................................................................

**Time/Date:** ................................................................................................................................................
**If not, reason?**...........................................................................................................................................

**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)**

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

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Details of the person completing this form:

Name:

Signature:

Date (that form is submitted):

Address:

Role:

Phone:

Email:

Details of the person receiving this form:

Name:

Signature:

Date (that form is received):

Address:

Role:

Phone:

Email:

Format form was received: