

Safe Church Concerns Form

The completed form should be given to a member of your Safe Church Concerns 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 (preferably 100 years) from the date of completion.

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

If there is immediate danger please contact police immediately.

ch Name:		
TAILS ABOUT PERSON COMP		week Consorms Toom)
Name:	nging a concern, or the Safe Ch	urch Concerns Team)
Role:		
Relationship to the victim and/o	or the person allegedly causing ha	arm:
Address:		
Email		
Phone:		
TAILS OF ALLEGED VICTIM (i	f applicable)	
Name:		
Date of Birth:	Age:	Gender:
Address:		
Parent/guardian name and co	ntact phone number:	
TAILS OF THE PERSON AGAI	NST WHOM THE ALLEGATION	HAS BEEN MADE (if applicable
Name		
Date of birth if known otherwis	se approximate age:	
Home address:		
Email	_	_
Phone:		
Position/title at time of allegati	ion (if any):	
	stence of the allegations? Yes /	

•				what has been alleged, when it additional page/s and attach to	
form).					
there additional pages	s attached t	o this form? Yes / No	Nui	mber of pages:	
				1 3	_
Names and contact	details of al	ny withess/es.			
Have written accour	nts from witr	nesses been attached?	Yeslo	lf yes, number of pages	
				eceived a disclosure or observ	ed a
concern, however, a	lo not start a	an investigation at this s	stage)		
19. Who else knows a	about the al	leged abuse?			
Signature (of pe	rson bringin	ng concern):		Date:	
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