



Safe Church Concerns Form

The completed form should be given to a member of the Safe Church Team. 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, who will follow appropriate procedures.

If there is immediate danger please contact police immediately.

DETAILS ABOUT PERSON COMPLETING THIS FORM (either the victim, the person bringing a concern, or the safe church team)	
Name:	
Role:	
Relationship to the victim and/or the person allegedly causing harm:	
Address:	
Email	
Phone:	

DETAILS OF ALLEGED VICTIM (if applicable)		
Name:		
Date of Birth:	Age:	Gender:
Address:		
Parent/guardian name and contact phone number:		

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	

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 attach to this form).

Are there additional pages attached to this form? Yes / No

Number of pages:

Names and contact details of any witness/es:

Have written accounts from witnesses been attached? Yes No If yes, number of pages
(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)

19. Who else knows about the alleged abuse?

Signature (of person bringing concern):

Date:

Part two - Safe Church Team to complete the following information

In NSW, Mandatory Reporter Guide completed? Yes / No
If yes, please attach report printout

Other government agencies or departments involved:

Agency	Date	Reference/Event Number	Name of contact
Police			
DCJ			
OCG/Ombudsman			

Contacted Tim Dyer external consultant 0407522795, tim@johnmark.net.au
Date and time:

Feedback provided to the person bringing the concern about church response and any reports made.
Date: Details:

Signature of Safe Church Team Member

Date: