



Risk of Significant Harm Form

To be completed by the person who hears a disclosure or wishes to report a child or young person at risk of significant harm. The completed form should be given **only** to the Safe Church Concerns Persons, and then kept in a locked filing cabinet.

The information will be used for reporting to the Government Child Protection Agency.

Name of Organisation (Church).....

Name of Safe Church Concerns Person.....

DETAILS OF PERSON REPORTING ALLEGED ABUSE / RISK OF HARM

Name of reporter:

Relationship to alleged victim:

Nature of alleged abuse: physical emotional sexual verbal
 neglect witness domestic violence

Is this report due to a direct **disclosure** or **reasonable grounds**? (circle)

State immediate safety concerns:

.....
.....

Date: **Time:**

REASONABLE GROUNDS:

Describe why you have 'reasonable grounds' for this report (add pages if needed). Include, when and how you became aware of the information, names of other witnesses, description of any injuries, description of the behaviour of the child, the carer's attitude regarding incident (if known).

IF DISCLOSURE:

Where disclosure has occurred provide a **first person** report in this space. *Record the child's actual words (attach transcript).*



DETAILS OF ALLEGED ABUSE VICTIM

Name: Age: Male Female

Address:

Phone: Parent/Guardian:

Names of siblings

.....

Names of known support people to the child and family

Have the parents/guardians of the victim been notified? Yes No

If yes, person(s) spoken to: Date:

What were they told?

.....

DETAILS OF ALLEGED PERPETRATOR OF THE ABUSE (IF KNOWN)

Name: Age: Male Female

Address: Phone:

Does the alleged perpetrator know about the report? Yes No

If yes, who spoke to him/her? Date:

What was he/she told?

.....

Signed: Date:.....

CHURCH RESPONSE TO ALLEGED ABUSE/RISK OF HARM

Office use only

Child Protection Officer notified? Yes No Date:

Reported by whom?

Name of Government Service call centre worker:.....

Reference Number:

Have the police been notified? Yes No Date:

Name of officer and station: Date:

Advice given by police officer:

.....

Document filed in appropriate file by..... (initials) Date.....

Form to be filed indefinitely.