

Safe Churches

PLEASE ENTER NAME OF CHURCH OR ORGANISATION

COMO BAPTIST CHURCH

Incident Report: Risk of Harm

To be completed by the person who hears a disclosure or wishes to report a child or young person at risk of harm. The completed form should be given only to the Safe Church Response Officer, and then kept in a locked filing cabinet. The information will be used for reporting to the appropriate authorities, including the Department Child Protection.

PART A										
Name of person filling in this report (Reporter)	Phil Smoker									
Name of Safe Church Response Officer:	Phil Smoker	Phil Smoker								
Relationship to the alleged victim:	None	None								
Nature of alleged abuse:	physical	emotional	sexual							
Nature of alleged abuse.	neglect	witness to domestic violence								
This report is due to:	reasonable grounds	disclosure made on:								
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 behavior of the child or young person; the carer's attitude regarding the incident (if known). Where disclosure has occurred provide a first person verbatim in this space. Record the child or young person's actual words as best as you can.										
Signature		Date/Ti	me							

Continued over...

PART B

Details of alleged abuse victi	m								
Name:			Age		N	1ale	Female		
Address:			1	1	•				
Parent/Guardian					Phone				
Names of siblings:				•					
Have the parents/guardians of the alleged victim been notified? Yes No									
If yes, person(s) spoken to:				Date	/Time				
What were they told:				1					
Details of alleged perpetrator of the abuse (if known)									
Name:			Age			1ale	Female		
Address:									
Phone:									
Does the alleged perpetrator know about the report?									
If yes, who spoke to him/her:				Date	/Time				
What was he/she told:									
Church's response to alleged abuse/risk of harm									
Safe Church Responding Officer (SCRO) advised?			Yes		ı	No			
Reported to SCRO by:				Date/T	ime				
Statutory Body/Department Child Protection?			Yes		No)			
Name of call centre worker:				Ref#					
Have the police been notified	l?		[Yes		No)		
Reported to police by:				Date/T	ime				
Name of Officer and Station									
Advice given by police officer									
Report submitted by:		Po	sition in Ch	urch:					
Signature		Da	ite						