



**PART B**

<b>Details of alleged abuse victim</b>			
Name:		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Parent/Guardian		Phone	
Names of siblings:			
Have the parents/guardians of the alleged victim been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, person(s) spoken to:		Date/Time	
What were they told:			
<b>Details of alleged perpetrator of the abuse (if known)</b>			
Name:		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Phone:			
Does the alleged perpetrator know about the report? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who spoke to him/her:		Date/Time	
What was he/she told:			
<b>Church's response to alleged abuse/risk of harm</b>			
Safe Church Responding Officer (SCRO) advised? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reported to SCRO by:		Date/Time	
Statutory Body/Department Child Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of call centre worker:		Ref #	
Have the police been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reported to police by:		Date/Time	
Name of Officer and Station			
Advice given by police officer			
<b>Report submitted by:</b>		<b>Position in Church:</b>	
<b>Signature</b>		<b>Date</b>	