

## **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 Reporting Officer, and then kept in a locked filing cabinet. The information will be used for reporting to the appropriate authorities required by legislation at the time of reporting. We

## **PART A**

| Name of Safe Church Reporting Officer:  Relationship to the alleged victim:                                                                                                                       | lex Huggett                                          |                                                  |                             |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|-----------------------------|--|--|--|
| Relationship to the alleged victim:                                                                                                                                                               | sical                                                |                                                  |                             |  |  |  |
|                                                                                                                                                                                                   | sical                                                |                                                  |                             |  |  |  |
| phys Nature of alleged abuse:                                                                                                                                                                     |                                                      | emotional                                        | sexual                      |  |  |  |
| negle                                                                                                                                                                                             | ect                                                  | witness to domestic violence                     |                             |  |  |  |
| This report is due to:                                                                                                                                                                            | onable grounds                                       | disclosure made on (da                           | made on (date/time):        |  |  |  |
| Describe why you have reasonable ground became aware of the information; names of the child or young person; the carer's Where disclosure has occurred provide a actual words as best as you can. | s of other witnesses; de<br>attitude regarding the i | scription of any injuries<br>ncident (if known). | description of the behavior |  |  |  |
| Signature                                                                                                                                                                                         |                                                      | Date/                                            | lime                        |  |  |  |

Continued over...

## **PART B**

| Details of alleged abuse victim                                         |                              |                     |   |      |        |  |  |
|-------------------------------------------------------------------------|------------------------------|---------------------|---|------|--------|--|--|
| Name:                                                                   |                              | Ag                  | е | Male | Female |  |  |
| Address:                                                                |                              |                     |   |      |        |  |  |
| 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:                                                    |                              |                     |   |      |        |  |  |
| Details of alleged perpetrator of the abuse (if known)                  |                              |                     |   |      |        |  |  |
| Name:                                                                   |                              | Ag                  | е | Male | Female |  |  |
| Address:                                                                |                              |                     |   |      |        |  |  |
| Phone:                                                                  |                              |                     |   |      |        |  |  |
| Does the alleged perpetrator kno                                        | now about the report? Yes No |                     |   |      |        |  |  |
| 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 Reporting Officer (SCRO) advised?  Yes No                   |                              |                     |   |      |        |  |  |
| Reported to SCRO by:                                                    | Da                           |                     |   | ne   |        |  |  |
| Statutory Body/Department Child Protection? Yes No                      |                              |                     |   |      |        |  |  |
| Name of call centre worker:                                             |                              | Ref#                |   |      |        |  |  |
| Have the police been notified?                                          | Yes No                       |                     |   |      |        |  |  |
| Reported to police by:                                                  |                              | Date/Time           |   |      |        |  |  |
| Name of Officer and Station                                             |                              |                     |   |      |        |  |  |
| Advice given by police officer                                          |                              |                     |   |      |        |  |  |
| Report submitted by:                                                    |                              | Position in Church: |   |      |        |  |  |
| Signature                                                               |                              | Date                |   |      |        |  |  |