

This completed form should be given to a member of your Safe Church Team, or sent to the Safe Church Team inbox on Safe.Church@elderboard.onmicrosoft.com. Once received, the Safe Church Team will follow the appropriate Procedure relevant to the concern.

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. The Safe Church Team online storage drive is secured and cannot be accessed by anyone outside the Team.

Please do not discuss the concern with anyone other than the Safe Church Team or your Ministry Team Leader. Providing the information directly ensures that the Safe Church Team area able to review and make decisions on the most accurate information regarding the concern or incident.

If you are in immediate danger, please contact NSW Police on 000 immediately.

DETAILS ABOUT PERSON COMPLETING THIS FORM

Identify your role clearly - the victim, the person who has witnessed/has been informed of the concern, a Ministry Team Leader, a Pastor, member of staff, Safe Church Team member, etc.

Full name:
Role:
Relationship to the victim and/or the person allegedly causing harm:
Address:
Email:
Phone:

DETAILS ABOUT CONTACT METHOD

If you are reporting a concern that you have not directly experienced, indicate how you were notified.

Phone <i>(Provide number below)</i>	Email <i>(Provide email address below)</i>
In person <i>(Provide details of the place and time below)</i>	Other <i>(Provide details below)</i>

Contact method details:

DETAILS OF ALLEGED VICTIM (if applicable)	
<i>These details are essential if in relation to a child or young person</i>	
Full name:	
Date of birth:	Current age:
Gender:	
Address:	
Parent/guardian name and contact phone number (if applicable):	
Is the person aware of the existence of the allegations?	Yes / No

DETAILS OF PERSON AGAINST WHOM THE ALLEGATION HAS BEEN MADE (if applicable)	
<i>These details are essential if in relation to a child or young person</i>	
Full name:	
Date of birth (if known):	Current approximate age:
Address:	
Email:	
Phone:	
Position/title at time of allegation (if any):	
Is the person aware of the existence of the allegations?	Yes / No

DETAILS OF ALLEGATION
Date and approximate time of incident:
Location of incident:
Did the incident occur in the context of an SBC ministry? Yes / No
Name of the ministry:

TYPE OF HARM REPORTED			
Physical abuse/violence		Sexual abuse/violence	
Domestic or family violence		Psychological/emotional abuse	
Drug and/or alcohol abuse		Neglect	
Mental health		Intimidation/harassment	
Verbal abuse		Other (provide details below)	

Other harm details:

FURTHER DETAILS OF THE ALLEGATION 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 **Number of pages:**

Where possible, written accounts should be provided by any person who received a disclosure or observed a concern. (The purpose of written accounts is to gather information, NOT to start an investigation at this stage)

Is there anyone else who knows about the concern, abuse, allegation or incident? If so, provide details:

SIGNATURE OF PERSON WHO COMPLETED THIS FORM:

DATE:

SAFE CHURCH TEAM TO COMPLETE THIS SECTION OF THE FORM

If in relation to a child or young person, has the DCJ Mandatory Reporter Guide been completed?

Yes / No

If yes, please attach report printout.

Other government agencies or departments involved:

Agency	Reference/Event Number & date contacted	Name of contact
Police		
DCJ (FaCS/DoCS)		
OCG		

Contact with Ministry Standards Hotline (1300 647 780)

Date and time:

Emailed copy of Safe Church Concerns Form to standards@nswactbaptists.org.au

Date and time:

Safe Church Team provides feedback to the person bringing the concern about church response and any reports made: Yes / No

Date and time:

Signature of the Safe Church Team Member that completed this section: