



Safe Church Concerns Form

Adopted by Carlingford Baptist Church on 10.08.2020

The completed form should be given to a member of your Safe Church Team who will follow the *Procedure for Responding to Child Protection Concerns*. Please do not discuss the concern with anyone other than the Safe Church Team or your Ministry Team Leader.

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.

If there is immediate danger, please contact police immediately.

Church Name: _____

DETAILS ABOUT PERSON COMPLETING THIS FORM (either the victim, the person bringing a concern, or the safe church team)	
Name:	
Role:	
Relationship to the victim and/or the person allegedly causing harm:	
Address:	
Email	
Phone:	

DETAILS OF ALLEGED VICTIM (if applicable)		
Name:		
Date of Birth:	Age:	Gender:
Address:		
Parent/guardian name and contact phone number:		

DETAILS OF THE PERSON AGAINST WHOM THE ALLEGATION HAS BEEN MADE (if applicable)	
Name	
Date of birth if known otherwise approximate age:	
Home address:	
Email	
Phone:	
Position/title at time of allegation (if any):	
Is the person aware of the existence of the allegations? Yes / No	

NATURE OF THE ALLEGATION

Provide details of the allegations 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 If yes, number of pages
(written accounts should be received from each person who received a disclosure or observed a concern, however, do not start an investigation at this stage)

19. Who else knows about the alleged abuse?

Signature (of person bringing concern):

Date:

Sign

Part two - Safe Church Team to complete the following information

In NSW, Mandatory Reporter Guide completed? Yes / No
 If yes, please attach report printout

Other government agencies or departments involved:

Agency	Date	Reference/Event Number	Name of contact
Police			
DCJ (FaCS)/ CYPs			
OCG/Ombudsman			

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. (include tick box and date and time) : Yes / No

Signature of Safe Church Team Member

Date:

Sign