Risk of Significant Harm Form

To be completed by the person who hears a disclosure or wishes to report a child or young person at risk of significant harm. The completed form should be given **only** to the Safe Church Concerns Person, and then kept in a locked filing cabinet.
The information will be used for reporting to the Government Child Protection Agency.

Name of Organisation (Church):………………………………………………

Safe Church Concerns Person:………………….……... ……………………

**Details of person reporting alleged abuse/ RISK OF HARM**

Name of reporter:…...................................................... …………………….

Relationship to alleged victim:........................................................................................

Nature of alleged abuse: □ physical □ emotional □ sexual

□ neglect □ witness domestic violence

Is this report due to a direct **disclosure** or **reasonable grounds**? (circle)

State immediate safety concerns: …………………………………………………………..

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

If Disclosure: Date: …………………………………….. Time: …………………………………..

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 behaviour of the child, the carer’s attitude regarding incident (if known). Where disclosure has occurred provide a first person report in this space. *Record the child’s actual words (attach transcript).*

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**Details of alleged abuse victim**

Name: ............................................................................. Age: …......... □ Male □ Female

Address: ....................................................................................................................................................

Phone: ....................................... Parent/Guardian: ...................................................................................

Names of siblings …………………………………………………………………………………………………

……………………………………………………………………………………………………………………….

Names of known support people to the child and family ……………………………………………………..

………………………………………………………………………………………………………………………

Have the parents/guardians of the victim been notified? □ Yes □ No

If yes, person(s) spoken to: .............................................................................. Date: ..............................

What were they told? ...............................................................................................................................

……………………………………………………………………………………………………………………….

**Details of alleged perpetrator of the abuse (if known)**

Name: ............................................................................... Age: .............. □ Male □ Female

Address:.................................................................................................………….. Phone: ......................

Does the alleged perpetrator know about the report? □ Yes □ No

If yes, who spoke to him/her? ............................................................. Date: ..........................................

What was he/she told? ............................................................................................................................

……………………………………………………………………………………………………………………….

**Church’s response to alleged abuse/risk of harm**

Child Protection Officer notified? □ Yes □ No Date: …….....................

Reported by whom? ..............................................................................................................................

Name of Govt Service call centre worker:……………….……………………………………………………...

Reference Number: ……………………………………………………………………………………

Have the police been notified? □ Yes □ No Date:......................

Name of officer and station: ..................................................................... Date: ....................................

Advice given by police officer: ..................................................................................................................

……………………………………………………………………………………………………………………....

**Signed: …………………………………………………. Date: ………………………..**

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