

## 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 harm.

The completed form should be given only to the Director of Professional Standards and then kept in a locked filing cabinet. The information will be used for reporting to the Government Child Protection Department.

Name of church: \_\_\_\_\_

### DETAILS OF PERSON REPORTING ALLEGED ABUSE/RISK OF HARM

Name and contact number of reporter: \_\_\_\_\_

Relationship to alleged victim: \_\_\_\_\_

**Nature of alleged abuse:** *(Please circle one.)*

physical      emotional      sexual  
neglect      witness domestic violence

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

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 the 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: \_\_\_\_\_

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**

Reported to the Director of Professional Standards? Yes No Date: \_\_\_\_\_

Reported to whom? \_\_\_\_\_

Name of Government Service worker notified: \_\_\_\_\_

Reference number: \_\_\_\_\_

Have the police been notified? Yes No Date: \_\_\_\_\_

Name of officer and station: \_\_\_\_\_

Advice given by police officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_