NAME AND CONTACT DETAILS OF THE CHILD OR YOUNG PERSON

First name	
Last name	
Age (or estimated age of the child or young person)	
Date of birth	
Gender	
Relationship to the parish, agency or entity (e.g. parishioner, program participant, attending an event)	
Does the child or young person identify as Aboriginal or Torres Strait Islander?	□ Yes □ No
Is the child or young from a culturally and linguistically diverse background?	☐ Yes ☐ No If 'Yes', language spoken at home:
Does the child or young person have a disability?	☐ Yes ☐ No If 'Yes", please provide additional information about the child or young person's disability.
Does the child or young person have additional support needs?	☐ Yes☐ No☐ If 'Yes', what additional supports may be required to support the child or young person (and their family) (e.g. support of an elder, interpreter)?

NAME AND CONTACT DETAILS OF PARENTS AND/OR GUARDIANS

Parent/carer 1
First name
Last name
Last Harrie
Relationship to the child or young person (e.g. father, grandmother, foster carer)
Address
Address
Telephone (home)
Telephone (mobile)
relephone (mobile)
Telephone (work)
Email address
Likely reaction to a report being made (if known)
What additional supports may need to be put in place to support the parent(s) or carer(s) of this child or young
person?

Parent/carer 2
First name
Last name
Relationship to the child or young person (e.g. father, grandmother, foster carer)
Address
Telephone (home)
relephone (nome)
Telephone (mobile)
Telephone (work)
Email address
Likely reaction to a report being made (if known)
What additional supports may need to be put in place to support the parent(s) or carer(s) of this child or young
person?

NAME AND CONTACT DETAILS OF PERSON REPORTING A CONCERN, ALLEGATION OR COMPLAINT

First name	
Last name	
Address	
Telephone (home)	
Telephone (mobile)	
Telephone (work)	
Email address	
Date of the report	/ /
Relationship to the child or young person (e.g. parent, priest	r, program coordinator, parish volunteer)
Does the person making the report have an existing relation perpetrator(s)?	ship or a conflict of interest with the alleged
Does the person making the report hold a position within a G ☐ Yes ☐ No If 'Yes', please add position title:	CAM parish, agency or entity?

CONCERN, ALLEGATION OR COMPLAINT

What is the context for where the alleged misconduct or abuse has occurred?
□ Family context
□ Parish, agency or entity context
□ External context (e.g. school, person known or unknown, online)
Is this concern, allegation or complaint current or historical?
□ Current (e.g. happening now)
$\hfill \Box$ Historical (e.g. relates to abuse reported by an adult that occurred when they were a child)
Has the identity of the alleged perpetrator been disclosed?
□ Yes
□ No
Please provide relevant information:
As far as possible in the 'exact words' of the person making the report – please describe the nature of the
concern, allegation or complaint including indicators or instances which have led the person to believe that the
child or young person is subject to abuse.
Please include:
name of the alleged perpetrator(s)
 date(s) of the alleged abuse or neglect
 location where the alleged abuse or neglect occurred
 names of possible witnesses
 any additional documents that may be relevant to this concern, allegation or complaint (e.g. letters, emails,
file notes, diary entries).

How would the person making the report best categorise the alleged abuse or neglect?
Please select as many categories are necessary.
□ Emotional abuse (including spiritual abuse)
□ Physical abuse
□ Sexual abuse (including grooming)
□ Problematic sexual behaviour of a child or young person
□ Neglect
□ Discrimination
□ Bullying
□ Other – please specify:
Name of the alleged perpetrator(s) if known
Contact information of the perpetrator(c) if known
Contact information of the perpetrator(s) if known
Address:
Other contact details (e.g. telephone numbers, email):
Is the alleged perpetrator a child or young person or an adult?
☐ Child or young person (under 18 years of age)
□ Adult (person 18 years and over)

(e.g. parent, clergy, othe	of the alleged perpetrator(s) to the child or young person? er child or young person, program leader, member of the public, no relationship, unknown e or volunteer of the parish, agency or entity, contractor)		
ACTION REQUIRED/TAK	(EN		
Does this child safety co	ncern, allegation or complaint require a report to the authorities?		
□ No – if you have decid	in following the reporting process ded not to report, please provide your reasons:		
Is the child or young person in imminent	□ Yes □ No		
danger?			
	If 'Yes', contact Victoria Police (phone '000') immediately.		
	Please follow the directions of Victoria Police – taking action without police advice can		
	place a child or young person at risk of harm, and impact the integrity of future investigations.		
	investigations.		
	Victoria Police		
	Date of contact with		
	Victoria Police: / /		

	Name and rank of			
	person you spoke			
	with:			
	Reference number (if			
	applicable):			
	Contact details (e.g.			
	telephone, email,			
	police station location)			
	What action did the			
	police officer advise?			
	Did Victoria Police	□ Yes		
	advise contacting the	□ No		
	child or young			
	person's parent(s) or			
	carer(s)?			
Alleged abuse that	□ Yes			
occurs within a family	□ No			
context requires a	If 'Yes', contact Child Pro	otection (DHHS).		
report to Child	Please do not report the	e matter to the parent(s) or carer(s) of the child or young person		
Protection (DHHS).		has advised that it is safe to do so. Informing parent(s) or carer(s)		
Does the concern,	can place a child or your	ng person at risk of harm, and impact the integrity of future		
complaint or	investigations.			
allegation require a	Child Protection			
report to Child	Date of contact with			
Protection?	Child Protection:	/ /		
	Name and position of			
	person you spoke			
	with:			
	Reference number (if			
	applicable):			
	Contact details (e.g.			
	telephone, email,			
	regional office			
	location)			
	What action did Child			
	Protection advise?			
	Did Child Protection	□ Yes		
	advise contacting the	□ No		
	child or young			
	child or young person's parent(s) or			

Does the concern,	□ Yes		
complaint or	□ No		
allegation involve	If "Yes, contact Child Pro	otection (DHHS).	
problem sexual	Child Protection		
behaviour of a child or	Name and position of		
young person?	person you spoke		
	with:		
	Reference number (if		
	applicable):		
	Contact details (e.g.		
	telephone, email,		
	regional office		
	location)		
	What action did Child		
	Protection advise?		
	Did Child Protection	□ Yes	
	advise contacting the	□No	
	parent(s) or carer(s) of		
	the alleged		
	perpetrator?		
	Did Child Protection	□ Yes	
	advise contacting the	□No	
	alleged victim's		
	parent(s) or carer(s)		
	for support?		
Does the concern,	□ Yes		
complaint or	□ No		
allegation involve	If 'Yes', contact the Sexu	al Offences Child Abuse Investigation Team of Victoria Police.	
alleged behaviour of a	Please follow the directions of Victoria Police – taking action without police advice can		
member of the clergy,	place a child or young person at risk of harm, and impact the integrity of future		
an employee or	investigations.		
volunteer of a parish,	Victoria Police		
agency or entity of the	Name and rank of		
Archdiocese?	person you spoke		
	with:		
	Reference number (if		
	applicable):		
	Contact details (e.g.		
	telephone, email,		
	police station location)		

	What action did the	
	police officer advise?	
	Did Victoria Police	□ Yes
	advise contacting the	□ No
	child or young	
	person's parent(s) or	
	carer(s)?	
What support has		
been offered to the		
child or young person		
(and their family) e.g.		
counselling, pastoral		
care?		
Please note that it is		
important to offer		
information about		
support within the		
parish, agency or		
entity as well as		
support from external		
agencies e.g. Lifeline,		
BeyondBlue, Centre		
Against Sexual Assault		
(CASA).		
	actant to anly inform the	see with a peed to know about the concern allegation or
	•	ose with a need to know about the concern, allegation or
complaint (e.g. your imn	nediate supervisor).	
District of the falls of the		Harrist de la companya de la company
_		lleged abuse can place a child or young person at harm or
compromise the integrit	ry of future investigations.	•
Has any other person	□ Yes	
been informed of this	□ No	
matter?	If 'Yes', please note thei	r details and information that has been provided:

NAME OF PERSON COMPLETING THE CHILD SAFETY REPORT FORM

Is the Child Safety Reporting Form being completed by a person different to the person making the report?
□ Yes
□ No
If 'No', please add details below.
First name
Last name
Position of the person completing the Child Safety Report Form within the Catholic Archdiocese of Melbourne
Address
Telephone (home)
Telephone (mobile)
Telephone (work)
Email address
Relationship to the child or young person (e.g. parent, priest, program coordinator, parish volunteer)

Does the person making the report have an existing relationship or a conflict of inte perpetrator(s)?	rest with the alleged	
□ Yes		
□ No		
If 'Yes', please provide details:		
Signature of person completing the Child Safety Report Form		
Date the Child Safety Report Form was completed	/ /	

Please email the completed Form to the Professional Standards Unit (PSU) of the Catholic Archdiocese of Melbourne: psu@cam.org.au

Professional Standards Unit

Please do not hesitate to contact the PSU if you require any assistance.

phone: 9926 5621 (Monday to Friday 9am–5pm)

email: psu@cam.org.au

OLPH Ringwood Reporting Child Safety Related Misconduct	Version 1
	Next Review: September 2021

