

## SCHEDULE 6 - HARM REPORT

Date / /

| 1. Details of complainant  |   |                |     |
|--|---|----------------|-----|
| Full name of complainant   |   | DOB            | / / |
| Address  |   |                |     |
| Phone Numbers  | H:  | M:             |     |
| 2. Details of other persons involved in incident including witnesses (Attached additional pages if necessary)                          |   |                |     |
| Full name  |   | DOB            | / / |
| Address  |   |                |     |
| Phone Numbers  | H:  | M:             |     |
| Full name  |   | DOB            | / / |
| Address  |   |                |     |
| Phone Numbers  | H:  | M:             |     |
| 3. Incident  |   |                |     |
| Description what allegedly occurred (ask open ended questions). Use additional paper for full statement.                               | Advisable to attach a written statement from complainant to this report.  |                |     |
| Location it occurred   |   | Time occurred: |     |
| 4. Evidence  |   |                |     |
| What evidence has been preserved (i.e. clothing worn etc. - also person should <b>not</b> wash before medical examination if required) | <ul style="list-style-type: none"> <li>• .</li> <li>• .</li> <li>• .</li> </ul>   |                |     |
| 5. Reporting requirements  |   |                |     |
| Has the designated person / pastor been contacted? OR  | Y / N Date and time contacted _____   |                |     |
| Has EIRG been contacted if an Registered Pastor or Student Pastor is involved?   | Y / N Date and time and person contacted _____  |                |     |
| 6. Designated Person to Complete Below   |   |                |     |
| Report to police if  | <input type="checkbox"/> There is risk of harm to any persons occurring.<br><input type="checkbox"/> Department of Children Services asks you to.<br><input type="checkbox"/> There is knowledge, which would assist authorities to apprehend or convict a person of a serious offence.<br><input type="checkbox"/> The incident involved physical or sexual assault. |                |     |
| Report to insurers if  | Y / N (Where it is likely that the incident will give rise to a claim).   |                |     |
| Report to lawyer if  | Y / N (Unsure about your reporting requirements/ complex legal issues)  |                |     |
| 7. Records   |   |                |     |
| A record of all conversations (with dates, times and names) has been kept.   | Y / N   |                |     |
| File kept in a locked filing cabinet & marked "Do not destroy"   | Y / N   |                |     |

Name of person completing report \_\_\_\_\_ Position \_\_\_\_\_

Signature person completing report \_\_\_\_\_ Signature designated person \_\_\_\_\_