

SCHEDULE 7 - 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 not wash before medical examination if required)	<ul style="list-style-type: none"> • . • . • . 		
5. Reporting requirements			
Has the designated person / pastor been contacted? OR	Y / N Date and time contacted _____		
Has QB Pastoral Services been contacted if a Registered Pastor, Student Pastor or Pastoral Assistant 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. <input type="checkbox"/> Department of Children Services asks you to. <input type="checkbox"/> There is knowledge, which would assist authorities to apprehend or convict a person of a serious offence. <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 _____