



**Deniliquin
Baptist
Church**

Safe Church Concerns Form

**Adopted by Elders & Administration Team on
21/04/2020**

The completed form should be given to a member of your Safe Church Team who will follow the *Procedure for Responding to Child Protection Concerns*.

This documentation is to be kept in a locked filing cabinet and/or in secure electronic format for at least 45 years from the date of completion.


Please do not discuss the concern with anyone other than the Pastor, Safe Church Team, or your Ministry Team Leader.

If there is immediate danger please contact police immediately.

Church Name: **Deniliquin Baptist Church**

DETAILS ABOUT PERSON COMPLETING THIS FORM (either the victim, the person bringing a concern, or the safe church team)	
Name:	
Role:	
Relationship to the victim and/or the person allegedly causing harm:	
Address:	
Email:	
Phone:	

DETAILS OF ALLEGED VICTIM (if applicable)		
Name:		
Date of Birth:	Age:	Gender:
Address:		
Parent/guardian name and contact phone number:		

19. Who else knows about the alleged abuse?	
Signature (of person bringing concern): 	Date:

Part two - Safe Church Team to complete the following information			
In NSW, Mandatory Reporter Guide completed? Yes / No If yes, please attach report printout			
Other government agencies or departments involved:			
Agency	Date	Reference/Event Number	Name of contact
Police			
DCJ (FaCS)			
OCG/			
Contact with Ministry Standards Hotline 1300 647 780 Date and time: Emailed copy of Safe Church Concerns Form to standards@nswactbaptists.org.au Date and time:			
Safe Church Team provides feedback to the person bringing the concern about church response and any reports made. (include tick box and date and time) : Yes / No			
Signature of Safe Church Team Member 			Date: