



Safe Ministry Incident Report Form

Date _____

This form is to be completed by the person who receives an allegation of abuse or wishes to allege that abuse has occurred.

Copies of the completed form should be given only to an OEC Safe Ministry Contact (Ed Springer, Karina Blanch, Chris Holding, Kerryn Hanratty, Baden Bogdanovs, Rachel Crane).

No discussion should take place in relation to this report with any other persons except the relevant authorities.

What, When and Where

Incident Date _____ Time _____

Event Name _____

Ministry Leader _____

Day of the week _____

Time of day _____

Nature of alleged abuse physical emotional

sexual neglect

spiritual ill-treatment



Incident Report Form

Affected Person

Full Name

Address

Phone Number (h)

(m)

Approximate Age

In what capacity were they at the event

Employee

Volunteer Organiser

Group Participant

Reported

Reported by (name)

Reported to SMC (Name)

Please include as much detail as possible (attach extra pages if required), using the language of the person who has disclosed the incident.





Incident Report Form

Date reports given to Safe Ministry Contact

Date _____

Name of Safe Ministry Contact _____

