



This form is to be completed by anyone who wishes to report a safety concern.

The completed form should be given to the nominated SAFE MINISTRY REPRESENTATIVE at Basso Church (Alana Borgogno and/or Zalman Jacques)

This information is to be kept strictly confidential. The provision of information to authorities for the protection of a child or vulnerable adult is not a breach of confidentiality.

YOUR DETAILS

Full name: _____ Contact Number: _____

Address: _____

Email: _____

Role at Basso Church: _____

DETAILS ABOUT WITNESSES OR THIRD PARTY

Full name: _____ Contact Number: _____

Address (if known): _____

Email: _____

Role at Basso Church: _____

WHAT ARE YOU CONCERNED ABOUT?

Provide a factual description of what happened (either what was said, reported or observed, including injuries) and/or the specific circumstances that supported your decision to complete this form.

It is important to provide as much information as possible, basing your information on facts and observations, without making assumptions, jumping to conclusions, or making value judgments. Attach relevant documentation.

Date of incident/observations: _____ Time of incident/observations: _____

DETAILS



Details continued...

Date Report: _____ Reported by: _____

FORM COMPLETED BY

Full Name: _____ Signature: _____

Role: _____ Date: _____

The completed form should be given to the nominated SAFE MINISTRY REPRESENTATIVE at Basso Church, currently Alana Borgogno and/or Zalman Jacques. Or can be emailed to <mailto:admin@bassochurch.org.au>

Office Use Only:

Form received by Safe Ministry Representative:

Name: _____ Date: _____

Upon receiving form, follow procedures outlined in BCC_Procedures_Church Safe
Form to be scanned, filed and held in confidence.