



Zimmerman Services : Reporting Concerns for a Child or Children Form (V. 2.0)

[NOTE: This report may be completed electronically or as a hand written, paper based form.]

Entity

- Chancery / Parish
- Catholic Care
- Catholic Schools Office / Systemic school
- Other

Details of person making report (The Reporter)

Reporter's team/programme/parish/school

Name:

Role/Function:

Mobile/Phone:

Name:

Address:

When did the Reporter become aware of the concerns for the child/ren:

Date: Time:

Have you reported these concerns to your supervisor? (Internal):

- Yes
- No

(if 'Yes') Name: Mobile/Phone:

Role/Function: Fax (if used):

Have you reported these concerns to any Statutory Authorities? (External):

(Tick ALL relevant boxes & complete details)

Report to Community Services Helpline
(Risk of Significant Harm) Helpline Report No:

Was MRG Completed: Yes No Submit copy of MRG printout to Zimmerman Services with this report

NSW Police Force *(allegation of criminality)* CoPS Event No:

DETAILS OF THE INCIDENT OR INCIDENTS OF CONCERN INVOLVING A CHILD OR PERSON WITH A DISABILITY

1 Details of the people involved in the issues of concerns:

(List as much identifying detail as possible, e.g. full names, gender, dates of birth, home or work addresses, their roles in the Diocese, any special medical or other conditions relating to the persons, etc)

Child or children:

Person or group of people alleged to have caused the concerns for a child/ren:

Witnesses (if any):

2 Details of the alleged incident(s) that gave rise to the concerns for a child/ren:

- Who did it?
- What did they do?
- Where did it happen (location)
- Who did they do it to?
- When did it happen? (time and date)

(Add additional pages if more space is required to write out the details of the allegation)

3 Other Information / Corroboration (if any):

(List any other information that may be of relevance. Consider any objects or other 'physical proof that the alleged incident occurred – a detailed description of the object, where it is and who has control/possession/ownership of the object)

SIGNATURES

Reporter's Signature:

Name:

Date:

Forward to Zimmerman Services as a scanned .pdf document to: child.protection@mn.catholic.org.au