

HILLSONG CHURCH FORMS & SUPPORTING DOCUMENTS

DOCUMENT TITLE:	RECEIVING A CONCERN OR DISCLOSURE		
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Safe Church Concerns Form

IF A PERSON IS IN IMMINENT OR LIFE THREATENING DANGER CALL EMERGENCY, 000

Please complete this form with any known information, if unknown leave blank.
Return form to the Safe Church office, email: safechurch@hillsong.com

1. YOUR DETAILS

First Name _____ Surname _____

Address _____

Phone number _____ Email _____

Gender Male Female Date of Birth ____ / ____ / ____

Are you completing this form for yourself or regarding someone else? Self Other person

Campus/location of Hillsong Church you are part of _____

2. KNOWN DETAILS OF THE ALLEGED VICTIM/S

First Name _____ Surname _____

Address _____

Phone number _____ Email _____

Gender Male Female Date of Birth ____ / ____ / ____

Age at the time of the alleged incident of misconduct or abuse: _____

First Name _____ Surname _____

Address _____

Phone number _____ Email _____

Gender Male Female Date of Birth ____ / ____ / ____

Age at the time of the alleged incident of misconduct or abuse: _____

3. DETAILS OF THE PERSON WHO IS THE SUBJECT OF THE ALLEGATION OR COMPLAINT

First Name _____ Surname _____

Address whereabouts (if known) _____

Phone number _____ Email _____

Gender Male Female Age _____ or Date of Birth ____ / ____ / ____

Age at the time of the alleged incident of misconduct or abuse: _____

Is the person who is the subject of the allegation or complaint a church worker or employee?

Yes No Unsure

Is the person who is the subject of the allegation or complaint an attendee of Hillsong Church?

Yes No Unsure

3. DETAILS OF THE INCIDENT, ALLEGATION OR COMPLAINT

What is the nature of the incident/complaint?

- Child at risk of harm
 Misconduct / breach of code of conduct
 Observation or concern
 Disclosure of abuse

The complaint/allegation/disclosure was received on: Date ___ / ___ / ___ at Time ____:____

Date incident occurred (if known): ____ / ____ / ____

Location incident occurred (if known): _____

Briefly describe the alleged incident, misconduct or abuse (or your observations that lead you to believe the child or young person is at risk of harm):

Details of any injuries and medical attention given:

If a child has disclosed abuse please record as accurately as you can what they said:

Names of anyone who was a witness to the incident/breach of conduct:

_____ ph: _____

_____ ph: _____

_____ ph: _____

4. DECLARATION

- I hereby make and submit this complaint/allegation against the person named in good faith that the complaint/allegation is genuine and is made without malicious or vexatious intent.
- I acknowledge that the Church is obliged to deal with this notice of complaint/allegation in accord with relevant Safe Church Policy and procedures.
- I am aware that a copy of the Safe Church Policy is available on myhillsonline in the resource library.
- I am aware that the ability of the Church to progress an investigation, risk assessment, or other response in relation to this notice of complaint/allegation may be limited in some cases due to a lack of adequate information or details emerging or having been provided.

Signature _____ Date ____ / ____ / ____