



Allegation / suspicion of child abuse report form

CONFIDENTIAL

This report is to be sent to the Divisional Commander/Head of Department within 24 hours of the original telephone notification that an allegation has been received or there have been reasonable grounds for suspicion. Depending on the degree of risk involved to the child or young person, a report to your relevant state authority may occur at the same time.

(Confidential: copy to be kept by the corps officer, a copy to be sent to the Divisional Commander/Head of Department who will send a copy to the Territorial Child Protection Co-ordinator.)

The Salvation Army complies with the National Privacy Act 1988.

DETAILS ABOUT PERSON COMPLETING THIS FORM

1. Person completing this form:
2. Address:
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3. Signature: Date:
4. Home phone: Work/other phone:
5. Position/title at time of allegation:

DETAILS OF ALLEGED VICTIM

6. Name of child or young person:
7. Age: Gender:
8. Address:
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9. Contact phone number: ()
10. Child's current whereabouts:
11. Contact phone number: ()
12. Family structure:
13. Does the child have a disability? Yes No
If so, please provide details:
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14. Are the parents/guardians/carers of the alleged victim aware of the allegations?
Yes No

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DETAILS OF THE PERSON AGAINST WHOM THE ALLEGATION HAS BEEN MADE

- 15. Name of alleged abuser:
- 16. Home address:
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- 17. Home phone: Work/other phone:
- 18. Position/title at time of allegation:
- 19. Is the person aware of the existence of the allegations? Yes No
- 20. If yes, provide details. (e.g. How and when they were made aware of the allegations; other relevant details.)
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NATURE OF THE ALLEGATION

- 21. Provide details of the allegations that were made known to you – what has been alleged, when it was alleged to have occurred, other relevant details.
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22. Names and contact details of witnesses:

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23. Who else knows about the alleged abuse?

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24. Name any other state agencies or departments involved:

Agency/department:

Regional office details:

Person spoken to: Date:

Agency/department:

Regional office details:

Person spoken to: Date:

DIVISIONAL COMMANDER / HEAD OF DEPARTMENT CHECKLIST

Date the Divisional Commander/Head of Department was originally contacted:

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Date the Divisional Youth Secretary briefed:

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Date that this written report was received at Divisional Headquarters:

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Date that a copy of this report was sent to the Territorial Child Protection Co-ordinator:

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