



VULNERABLE CONCERNS FORM

The completed form should be given to your CEO who will follow the *Procedure for Responding to Child Protection Concerns*.

This documentation is to be kept in a locked filing cabinet and/or in secure electronic format for at least 45 years from the date of completion.

Please do not discuss the concern with anyone other than the CEO or your Team Leader.

If there is immediate danger please contact police immediately.

Organisation Name: _____

DETAILS ABOUT PERSON COMPLETING THIS FORM (either the victim, the person bringing a concern, or the CEO)		
Name:		
Role:		
Relationship to the victim and/or the person allegedly causing harm:		
Address:		
Email		
Phone:		

DETAILS OF ALLEGED VICTIM (if applicable)		
Name:		
Date of Birth:	Age:	Gender:
Address:		
Parent/guardian name and contact phone number:		

DETAILS OF THE PERSON AGAINST WHOM THE ALLEGATION HAS BEEN MADE (if applicable)
Name:
Date of birth if known otherwise approximate age:
Home address:
Email:
Phone:
Position/title at time of allegation (if any):
Is the person aware of the existence of the allegations? Yes / No

NATURE OF THE ALLEGATION
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 (if necessary use additional page/s and attach to this form).
<p>Are there additional pages attached to this form? Yes / No Number of pages:</p>
Names and contact details of any witness/es:

Have written accounts from witnesses been attached? Yes No Number of pages:

(written accounts should be received from each person who received a disclosure or observed a concern, however do not start an investigation at this stage)

19. Who else knows about the alleged abuse?

Signature (of person bringing concern): Date:

Sign

Part two – CEO to complete the following information

Mandatory Reporter Guide completed? Yes / No

If yes, please attach report printout If No, please , on attached page

Other government agencies or departments involved:

Agency	Date	Reference/Event Number	Name of contact
Police			
DCJ (FaCS)/ CYPs			
OCG/Ombudsman			

Contact with Ministry Standards Hotline 1300 647 780

Date and time:

Emailed copy of Vulnerable persons Concerns Form to standards@nswactbaptists.org.au

Date and time:

CEO provides feedback to the person bringing the concern about GRLC’s response and any reports made. (include tick box and date and time) : Yes / No

Signature of CEO Date:

Sign