Reporting Policy for child safety related misconduct and/or child abuse

NAME AND CONTACT DETAILS OF THE CHILD OR YOUNG PERSON

First name	
Last name	
Age (or estimated age of the child or young person)	
Date of birth	/ /
Gender	
Relationship to the parish, agency or entity (e.g. parishioner, program participant, attending an event)	
Does the child or young person identify as Aboriginal or Torres Strait Islander?	☐ Yes ☐ No
Is the child or young from a culturally and linguistically diverse background?	☐ Yes ☐ No If 'Yes', language spoken at home:
Does the child or young person have a disability?	☐ Yes ☐ No If 'Yes", please provide additional information about the child or young person's disability.
Does the child or young person have additional support needs?	☐ Yes ☐ No If 'Yes', what additional supports may be required to support the child or young person (and their family) (e.g. support of an elder, interpreter)?

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NAME AND CONTACT DETAILS OF PARENTS AND/OR GUARDIANS

Parent/carer 1
First name
Last name
Relationship to the child or young person (e.g. father, grandmother, foster carer)
Address
Telephone (home)
Telephone (mobile)
Telephone (work)
Email address
Likely reaction to a report being made (if known)
What additional supports may need to be put in place to support the parent(s) or carer(s) of this child or young person?

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Parent/carer 2
First name
Last name
Relationship to the child or young person (e.g. father, grandmother, foster carer)
Address
Telephone (home)
Telephone (mobile)
Telephone (work)
Email address
Likely reaction to a report being made (if known)
What additional supports may need to be put in place to support the parent(s) or carer(s) of this child or young person?

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NAME AND CONTACT DETAILS OF PERSON REPORTING A CONCERN, ALLEGATION OR COMPLAINT

First name	
Last name	
Address	
Telephone (home)	
Telephone (mobile)	
Telephone (work)	
Email address	
Date of the report	/ /
Relationship to the child or young person (e.g. parent, priest, program coordinator, parish volunteer)	
Does the person making the report have an existing relationship or a conflict of interest with the alleged perpetrator(s)?	
Does the person making the report hold a position within a CAM parish, agency or entity? ☐ Yes ☐ No If 'Yes', please add position title:	

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CONCERN, ALLEGATION OR COMPLAINT

What is the context for where the alleged misconduct or abuse has occurred? ☐ Family context ☐ Parish, agency or entity context ☐ External context (e.g. school, person known or unknown, online)
Is this concern, allegation or complaint current or historical? ☐ Current (e.g. happening now) ☐ Historical (e.g. relates to abuse reported by an adult that occurred when they were a child)
Has the identity of the alleged perpetrator been disclosed? ☐ Yes ☐ No Please provide relevant information:
As far as possible in the 'exact words' of the person making the report – please describe the nature of the concern, allegation or complaint including indicators or instances which have led the person to believe that the child or young person is subject to abuse. Please include: ▪ name of the alleged perpetrator(s) ▪ date(s) of the alleged abuse or neglect ▪ location where the alleged abuse or neglect occurred ▪ names of possible witnesses ▪ any additional documents that may be relevant to this concern, allegation or complaint (e.g. letters, emails, file notes, diary entries).

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How would the person making the report best categorise the alleged abuse or neglect? Please select as many categories are necessary. ☐ Emotional abuse (including spiritual abuse) ☐ Physical abuse ☐ Sexual abuse (including grooming) ☐ Problematic sexual behaviour of a child or young person ☐ Neglect ☐ Discrimination ☐ Bullying ☐ Other – please specify:
Name of the alleged perpetrator(s) if known
Contact information of the perpetrator(s) if known Address: Other contact details (e.g. telephone numbers, email):
Is the alleged perpetrator a child or young person or an adult? ☐ Child or young person (under 18 years of age) ☐ Adult (person 18 years and over)

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What is the relationship of the alleged perpetrator(s) to the child or young person? (e.g. parent, clergy, other child or young person, program leader, member of the public, no relationship, unknown person online, employee or volunteer of the parish, agency or entity, contractor)

ACTION REQUIRED/TAKEN

Does this child safety concern, allegation or complaint require a report to the authorities? ☐ Yes – please proceed in following the reporting process ☐ No – if you have decided not to report, please provide your reasons:

Is the child or young person in imminent danger?	☐ Yes ☐ No If 'Yes', contact Victoria Police (phone '000') immediately. Please follow the directions of Victoria Police – taking action without police advice can place a child or young person at risk of harm, and impact the integrity of future investigations.	
	Victoria Police	
	Date of contact with Victoria Police:	/ /

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	Name and rank of person you spoke with:	
	Reference number (if applicable):	
	Contact details (e.g. telephone, email, police station location)	
	What action did the police officer advise?	
	Did Victoria Police advise contacting the child or young person's parent(s) or carer(s)?	☐ Yes ☐ No
Alleged abuse that occurs within a family context requires a report to Child Protection (DHHS). Does the concern, complaint or allegation require a report to Child Protection?	☐ Yes ☐ No If 'Yes', contact Child Protection (DHHS). Please do not report the matter to the parent(s) or carer(s) of the child or young person unless Child Protection has advised that it is safe to do so. Informing parent(s) or carer(s) can place a child or young person at risk of harm, and impact the integrity of future investigations.	
	Child Protection	
	Date of contact with Child Protection:	/ /
	Name and position of person you spoke with:	
	Reference number (if applicable):	
	Contact details (e.g. telephone, email, regional office location)	
	What action did Child Protection advise?	

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	Did Child Protection advise contacting the child or young person's parent(s) or carer(s)?	☐ Yes ☐ No
Does the concern, complaint or allegation involve problem sexual behaviour of a child or young person?	☐ Yes ☐ No If "Yes, contact Child Protection (DHHS).	
	Child Protection	
	Name and position of person you spoke with:	
	Reference number (if applicable):	
	Contact details (e.g. telephone, email, regional office location)	
	What action did Child Protection advise?	
	Did Child Protection advise contacting the parent(s) or carer(s) of the alleged perpetrator?	☐ Yes ☐ No
	Did Child Protection advise contacting the alleged victim's parent(s) or carer(s) for support?	☐ Yes ☐ No
Does the concern, complaint or allegation involve alleged behaviour of a member of the clergy, an employee or volunteer of a parish, agency or entity of the Archdiocese?	☐ Yes ☐ No If 'Yes', contact the Sexual Offences Child Abuse Investigation Team of Victoria Police. Please follow the directions of Victoria Police – taking action without police advice can place a child or young person at risk of harm, and impact the integrity of future investigations.	
	Victoria Police	
	Name and rank of person you spoke with:	

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	Reference number (if applicable):	
	Contact details (e.g. telephone, email, police station location)	
	What action did the police officer advise?	
	Did Victoria Police advise contacting the child or young person's parent(s) or carer(s)?	☐ Yes ☐ No
What support has been offered to the child or young person (and their family) e.g. counselling, pastoral care? Please note that it is important to offer information about support within the parish, agency or entity as well as support from external agencies e.g. Lifeline, BeyondBlue, Centre Against Sexual Assault (CASA).		
Please note that it is important to only inform those with a need to know about the concern, allegation or complaint (e.g. your immediate supervisor). Disclosing to 'others' or persons involved in the alleged abuse can place a child or young person at harm or compromise the integrity of future investigations.		

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Has any other person been informed of this matter?	☐ Yes ☐ No If 'Yes', please note their details and information that has been provided:

NAME OF PERSON COMPLETING THE CHILD SAFETY REPORT FORM

Is the Child Safety Reporting Form being completed by a person different to the person making the report? ☐ Yes ☐ No If 'No', please add details below.
First name
Last name
Position of the person completing the Child Safety Report Form within the Catholic Archdiocese of Melbourne
Address
Telephone (home)
Telephone (mobile)
Telephone (work)
Email address

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Relationship to the child or young person (e.g. parent, priest, program coordinator, parish volunteer)	
Does the person making the report have an existing relationship or a conflict of interest with the alleged perpetrator(s)? ☐ Yes ☐ No If 'Yes', please provide details:	
Signature of person completing the Child Safety Report Form	
Date the Child Safety Report Form was completed	/ /

Please email the completed Form to the Professional Standards Unit (PSU) of the Catholic Archdiocese of Melbourne: psu@cam.org.au

Professional Standards Unit

Please do not hesitate to contact the PSU if you require any assistance.

- phone: 9926 5621 (Monday to Friday 9am–5pm)
- email: psu@cam.org.au

CATHOLIC ARCHDIOCESE OF MELBOURNE

Version 1: July 2019
Professional Standards Unit
psu@cam.org.au