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| **CHILD/VULNERABLE PERSON SAFETY CONCERN** | | | | | |
|  | | | | | |
| **Person making report** | |  | **Date** | |  |
| **Staff Member *(if applicable)*** | |  | **Location** | |  |
| **Program** | |  | | | |
|  | | | | | |
| **Name of Child/Vulnerable Person at risk** | |  | **Age of Child** | |  |
| **Contact Number** | |  | | | |
| **Address of Child at risk** | |  | | | |
| **Child resides with** | | *(Relationship of Adult)* | | | |
| **Who is involved** | |  | **Contact Phone** | |  |
| **CONCERN** | | | | | |
| **What is your concern** | |  | | | |
| **Where were you when you became aware of issue** | |  | | | |
| **When was this (date)** | |  | | | |
| **Who was present** | |  | | | |
| **What did you observe that concerned you**  *(please give objective, observable behaviour with no interpretations)* | |  | | | |
| **What was said**  *(Please use exact works)* | |  | | | |
| **Action Taken** | | | | | |
| 🞎 Notification to police 🞎 Notification to Child Safety  🞎 Referral to appropriate support service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Followed up by staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Other Information** | | | | | |
|  | | | | | |
| **Staff Signature** |  | | **Date** |  | |