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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** |
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| **Staff Signature** |  | **Date** |  |