AUSTRALIAN FELLOWSHIP OF BIBLE-BELIEVING CHURCHES

[Church Name] – Incident Report Form

Strictly Confidential

*This form must be completed by the person who witnessed the incident, discovered the hazard, or received the disclosure. Complete this form within **24 hours** of the incident and submit it directly to the **Safe Ministry Officer**.*

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1. General Information

Date of Report: _____ / _____ / _____

Time of Report: _____ : _____ [ ] AM | [ ] PM

Full Name of Person Completing Form: _____

Role in Church *(e.g., Youth Leader, Warden, Staff):* _____

Contact Phone: _____ **Email:** _____

2. Incident Details

Date of Incident: _____ / _____ / _____

Time of Incident: _____ : _____ [ ] AM | [ ] PM

Specific Location *(e.g., Church Hall Kitchen, Youth Room, Off-site Camp):*

_____

Type of Incident (Check all that apply):

- [ ] Physical Injury / Medical Emergency
- [ ] Property Damage / Fire / Theft
- [ ] Behavioural Breach / Code of Conduct Violation
- [ ] Child Protection Concern / Abuse Disclosure / Allegation
- [ ] Near-Miss / Hazard Identified

3. Persons Involved

Please list the names and details of individuals directly involved (e.g., injured person, victim, or person subject to an allegation).

Person 1:

Name: _____ [ ] Minor (Under 18) | [ ] Adult

Contact Details (or Parent/Guardian if minor): _____

Person 2 (If applicable):

Name: _____ [ ] Minor (Under 18) | [ ] Adult

Contact Details (or Parent/Guardian if minor): _____

4. Description of the Incident

Provide a strictly factual, chronological description of what happened. Avoid speculation, opinions, or guesswork. If recording a disclosure of abuse, use the exact words of the person where possible.

_____
_____
_____

(Attach additional pages or photographs if required) [1]

5. Action Taken Immediately

Detail what was done right after the incident (e.g., administered First Aid, called 000, separated parties, notified parents).

_____
_____
_____

Was First Aid administered? [ ] Yes | [ ] No | By whom?: _____

Were Emergency Services called? [ ] Yes | [ ] No | Time called: _____ : _____

Were Parents/Guardians notified? [ ] Yes | [ ] No | [ ] N/A (Adult involved)

6. Witnesses

List anyone who saw or heard the incident occur. [1, 2]

Witness 1 Name & Phone: _____

Witness 2 Name & Phone: _____

7. Signatures

Signature of Reporter: _____ **Date:** _____ / _____ / _____

8. Office Use Only (To be completed by Safe Ministry Officer / Church Leadership)

Date Form Received: _____ / _____ / _____ **Received By:** _____

Is this a Reportable Child Protection matter? [ ] Yes | [ ] No

External Notification Log (if mandatory):

Police Notified? [ ] Yes | [ ] No | Date: _____ Event/Ref No: _____

Child Protection Agency Notified? [ ] Yes | [ ] No | Date: _____ Ref No: _____

Oversight Body (e.g., OCG) Notified? [ ] Yes | [ ] No | Date: _____ Ref No: _____

Internal Resolution / Actions Taken: _____
_____
_____
_____
_____
_____

Governing Leadership Body Notified? [ ] Yes | [ ] No | Date: _____ / _____ / _____

Final Sign-off Signature: _____ **Position:** _____