

# Safeguarding Incident Report Form

Return address: GPO Box 282 Brisbane Qld 4001 or Email: [safeguarding@bne.catholic.net.au](mailto:safeguarding@bne.catholic.net.au)

## PERSONAL DETAILS:

Prefer to remain anonymous

Given Name/s:  Family Name/s:

Address:

Phone:  Email:

## INCIDENT TYPE:

- |   |  |
|---|--|
| <input type="checkbox"/> Sexual abuse                                     | <input type="checkbox"/> Neglect                       |
| <input type="checkbox"/> Other conduct of a sexual nature (e.g. grooming) | <input type="checkbox"/> Exploitation                  |
| <input type="checkbox"/> Physical abuse                                   | <input type="checkbox"/> Psychological/emotional abuse |
| <input type="checkbox"/> Spiritual abuse                                  | <input type="checkbox"/> Person of Concern             |
| <input type="checkbox"/> Other (please specify): <input type="text"/>     |  |

## PERSON/S INVOLVED: (attach additional sheet if necessary)

### Person 1

Offender/Perpetrator/Person of Concern  Victim/Survivor  Witness

Given Name/s:  Family Name/s:

Gender:  Male  Female

Position/Role:  Unknown  Priest  Religious Brother  
 Religious Nun  Employee  Volunteer  Parishioner  
 Teacher  Carer  Other

Description (e.g. physical characteristics, cultural/linguistic backgrounds, adult, child, etc):

### Person 2

Offender/Perpetrator/Person of Concern  Victim/Survivor  Witness

Given Name/s:  Family Name/s:

Gender:  Male  Female

Position/Role:  Unknown  Priest  Religious Brother  
 Religious Nun  Employee  Volunteer  Parishioner  
 Teacher  Carer  Other

Description (e.g. physical characteristics, cultural/linguistic backgrounds, adult, child, etc):

### Person 3

Offender/Perpetrator  Victim/Survivor  Witness

Given Name/s:  Family Name/s:

Gender:  Male  Female

Position/Role:  Unknown  Priest  Religious Brother  
 Religious Nun  Employee  Volunteer  Parishioner  
 Teacher  Carer  Other

Description (e.g. physical characteristics, cultural/linguistic backgrounds, adult, child, etc):

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**INCIDENT DETAILS** (attach additional sheet if necessary)**INCIDENT TIME/S AND DATE/S:** (if specific dates are unknown provide approximate month/year)**INCIDENT LOCATION/S:** (if specific location/s are unknown provide approximate area, region or state)

I make this report in good faith.

I understand that the Archdiocese of Brisbane strongly encourages all suspected criminal behaviour to be reported directly to the Police.

Signature:

Date:

**PRIVACY**

Generally, the Archdiocese of Brisbane collects, uses and holds personal information if it is reasonably necessary for or directly related to the performance of Archdiocesan functions and activities. This may include for the purpose of fulfilling Archdiocesan mission and directions, facilitating internal business operations and complying with legal or regulatory requirements. Generally, the Archdiocese only uses or discloses personal information for the purposes for which it was collected (as set out above). Except as otherwise permitted by law, the Archdiocese only collects and discloses sensitive information where consent is provided and if the information is reasonably necessary for the performance of our functions and activities (set out above).