

**TOOWOOMBA DIOCESE**

**REPORTING a DISCLOSURE or ALLEGATION to AUTHORITIES FORM**

**30 January 2021**

Knowledge or reasonable belief of abuse or reasonable suspicion of significant harm to a child, young person or adult at risk, gives rise to a responsibility to report the abuse or harm to authorities, to ensure the safety of the person involved.

If the matter involves immediate risk of criminal abuse of a child or young person, it is to be reported to Qld Police immediately (phone 000).

If the matter involves knowledge or reasonable belief that a child or young person has been abused, and there is no immediate risk, the matter is to be reported to Qld Police, as soon as possible.

If the matter involves a reasonable suspicion of significant harm to a child or young person where there may not be a parent able and willing to protect the child from harm, the matter is to be reported to Child Safety Services, as soon as possible.

**The purpose of this REPORTING FORM is to help the person who has received such a disclosure or allegation of the abuse of a young person, or who has formed a reasonable suspicion of significant harm to a child or young person, to make a responsible Report to Authorities, Civil and Church.**

*Remember, if you form the reasonable belief as you listen to the disclosure or allegation that this child or young person or another child is in imminent danger or risk of being abused, contact Qld Police immediately (phone 000).*

If you completed a *Receiving Disclosure Form* soon after the disclosure conversation, please use information from that Form to help with completing this *Report to Authorities*.

*If you need assistance with completing and submitting a Report to Authorities, please contact the Diocesan Safeguarding Ministry Office (4638 1379 or 0408 459 045).*

1. **About the disclosure or allegation:**

|  |  |
| --- | --- |
| Date received: | Time received: |
| How was the information received: *(please tick)*  In person 🞏 Phone 🞏 Email 🞏 Letter 🞏  *Attach any written information to this Form (eg a Letter)* | |
| Is the disclosure or allegation current or historical?  🞏 current (happening now or recently)  🞏 historical (relates to abuse disclosed by an adult when they were a child) | |

1. **Details of the Person making the disclosure / making the allegation / raising the concern:**

|  |  |  |
| --- | --- | --- |
| Name: *First name:* *Family name:* | | |
| Address: *(street, town and postcode)* | | |
| Phone: | Mobile: | Email: |
| Relationship to child, young person or adult at risk: *the person who is the subject of the disclosure:* | | |

1. **Details of the alleged victim: the person who is the subject of the disclosure or allegation**

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Age *(or estimate of age):* | Date of birth: Gender: F 🞏 M 🞏 |
| Address *(street, town, postcode):* |  |
| Phone *(if applicable):* | *Mobile:* |
| Does the child, young person or adult at risk, identify as Aboriginal or Torres Strait Islander? | Yes 🞏  No 🞏  *If Yes, is the support of an Elder needed?* |
| Is this person from a culturally and linguistically diverse background? | Yes 🞏  No 🞏  If Yes: Language spoken at home:  *Is an Interpreter needed?* |
| Does the child, young person or adult at risk live with a disability? | Yes 🞏  No 🞏  If Yes, please provide additional information:  *Is a Support Person needed?* |
| Relationship to the Parish *(eg parishioner, program participant, attending a parish event or activity)* | *Please provide details:* |
| Name of Parish: |  |
| Address of the Parish: |  |

1. **Parent or Carer details (where appropriate)**

*Follow the directions of Police or Child Safety Services**on informing**Parents or Carers of the disclosure or allegation. Provide the information on Parents/Carers only if already known to you.*

**Parent / Carer 1:** *(if known)*

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Relationship to the child, young person or adult at risk: *(eg father/mother, grandmother, foster carer, support person)* | *Please provide information:* |
| Address: *(street, town, postcode)* |  |
| Phone: *home* | Phone: *work* |
| Mobile: | Email: |
| Is Parent/Carer 1 aware of the disclosure, allegation or concern? | Yes 🞏  No 🞏  *Follow the directions of Police or Child Safety Services* |
| Likely reaction to a Report to Authorities being made  *(if known)* |  |
| What additional supports may need to be put in place to support Parent(s) or Carer(s)? |  |

**Parent / Carer 2:** *(if known)*

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Relationship to the child, young person or adult at risk: *(eg father/mother, grandmother, foster carer, support person)* | *Please provide information:* |
| Address: *(street, town, postcode)* |  |
| Phone: *home* | Phone: *work* |
| Mobile: | Email: |
| Is Parent/Carer 1 aware of the disclosure, allegation or concern? | *Yes* 🞏  *No* 🞏  *Follow the directions of Police or Child Safety Services.* |
| Likely reaction to a Report to Authorities being made  *(if known)* |  |
| What additional supports may need to be put in place to support Parent(s) or Carer(s)? |  |

1. **Details of the alleged offender:**

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Address: *(street, town, postcode)* |  |
| Approximate age: | Adult (person 18 years and over) 🞏  Child or young person (under 18 years of age) 🞏 |
| Phone: | Mobile: |
| Relationship to the child, young  person or adult at risk: *the person*  *who is the subject of the disclosure* | *Provide information (eg parent, clergy, other young person,*  *activity leader, unknown person online, employee or volunteer of the parish)* |
| Position in the Church or Parish: | *Provide information:* |
| Current contact with children or  adults at risk if known *(eg runs*  *youth activities)* | *Provide information:* |
| Any additional information | *Provide information:* |

1. **Details of disclosure, allegation or concern**

|  |
| --- |
| *As far as possible, use the ‘exact words’ of the person making the disclosure or allegation.*  *Include the date(s), time(s) and location(s) of the alleged abuse or neglect.*  *Include the names of possible witnesses, if known.*  *(please continue on the next page …)* |
| Type of abuse: *tick as many as apply*  Physical abuse 🞏 Sexual abuse 🞏 Emotional abuse 🞏  Psychological abuse 🞏 Grooming 🞏 Neglect 🞏 |
| Does the child, young person or adult at risk, who is the subject of this disclosure, know this  *Report to Authorities* is being made? Yes 🞏 No 🞏 |

1. **Action taken**

|  |  |  |
| --- | --- | --- |
| Is the child or young person  in **imminent danger or risk** of  abuse? | | Yes 🞏 Contact Qld Police immediately (phone 000)  *Follow the directions of Police.*  *Taking action without Police advice may place the child at*  *risk of harm and may impact the integrity of their*  *investigation.*    No 🞏 |
| *Please record this information …* | | Date reported: ……………………………………  To whom was it referred: …………………………………………….  Location of Police Station: …………………………………………… |
| Apart from the immediate action  above, where there is knowledge  or reasonable belief that sexual  abuse (criminal offence) is involved,  the disclosure or allegation is to be reported to Qld Police.  *Please record this information …* | Has the disclosure/allegation been reported to Qld Police?  Yes 🞏 No 🞏  If Yes: Date …………………… Time ……………………  *To whom was it reported?*  Name: ………………………………………………………………    Position: ………………………………………………………….  Location: …………………………………………………………..  Phone: ……………………………………………………………….  Email: …………………………………………………………………  Did Qld Police advise contacting the child or young  person’s Parent(s) or Carer(s)?  Yes 🞏 No 🞏  *If the disclosure has not been reported to Qld Police,*  *please explain why:* | |
| Where there is reasonable  suspicion of significant harm to a  child or young person where there  may not be a parent able and willing  to protect the young person,  the disclosure or allegation is to be reported to Child Safety Services.  *Please record this information …* | Has the disclosure/allegation been reported to Child Safety  Services? Yes 🞏 No 🞏  If Yes: Date …………………… Time ………………………..  *To whom was it reported?*    Name: ………………………………………………………………..    Position: …………………………………………………………….    Location: ……………………………………………………………    Phone: ……………………………………………………………….    Email: ………………………………………………………………….  Did Child Safety Services advise contacting the child or  young person’s Parent(s) or Carer(s)?  Yes 🞏 No 🞏  *If the disclosure has not been reported to Child*  *Safety Services, please explain why:* | |
| When any of the above reporting  actions are taken, the Parish Priest/  Parish Leader is to be notified  (unless he or she is involved in the  matter) and a report is to be made  to the Diocese.  Please provide the Diocese with a  copy of the Report provided to Qld  Police or Child Safety Services.  Please advise the Diocese of any  directions given or actions taken by  Police or Child Safety Services.  *Contact information for the*  *Diocesan Safeguarding Ministry is provided below.* | Has the disclosure/allegation been reported to the Diocese?  Yes 🞏 No 🞏  If Yes: Date …………………………… Time …………………..  *To whom was it reported?*  Name: ……………………………………………………………….  Position: ……………………………………………………………  Address: …………………………………………………………….  Phone: ………………………………………………………………  Email: …………………………………………………………………  *If the disclosure or allegation has not been reported to the*  *Diocese, please explain why:* | |

1. **Next Steps**

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| --- |
| When the disclosure or allegation was reported to Police and/or Child Safety Services, and Church authorities, what actions were agreed upon and by whom? |

|  |
| --- |
| Are there any immediate safeguarding concerns arising from this disclosure/allegation involving  children, young persons or adults at risk?  Yes 🞏 No 🞏  If *Yes*: please record what they are and indicate what actions are being taken, or will be taken, to address them. |

1. **Details of the person completing this REPORTING to AUTHORITIES FORM**

|  |  |
| --- | --- |
| Name: *First name* | *Family name* |
| Address: *(street, town, postcode)* |  |
| Phone: *home* | Phone: *work* |
| Mobile: | Email: |
| Position in the Parish or Diocese: | Priest 🞏 Parish Leader 🞏  Parish Safeguarding Contact 🞏  Parish Council Chair 🞏 or Member 🞏  Pastoral Associate 🞏 Parish Secretary 🞏  Diocesan Ministry or Agency 🞏 |
| Form completed: *Date* | *Time* |

|  |  |
| --- | --- |
| Signature: | Full Name: |

*A copy of this* ***Reporting to Authorities Form*** *must be retained by the person who has completed, signed and submitted the Report to Authorities and then be filed in a secure location.*

*A copy is to be provided to the Diocesan Safeguarding Ministry Office.*

**CONTACT INFORMATION**

**Qld Police Service:** *for immediate risk to child or criminal offence involved …*

**000** *and/or*  local Police Station number …

**Child Protection Investigation Unit (CPIU):**

Toowoomba (4631 6355), Warwick (4660 4436), Roma (4622 9358),

Cunnamulla (4655 8900), Dalby (4669 9260)

[CPIU.Toowoomba@police.qld.gov.au](mailto:CPIU.Toowoomba@police.qld.gov.au)

**Child Safety Services:** *for suspected significant harm where there may not be a parent able*

*and willing to protect the child or young person …*

**Regional Intake Service:** South West Qld: **1300 683 390**

SWRISintake@communities.qld.gov.au

**Child Safety After Hours Service Centre**:

1300 682 724 or 3235 9902

**Office of the Public Guardian:**  *for children within the child protection system and adults with impaired decision-making capacity…*

1300 653 187

www.publicguardian.qld.gov.au

**Toowoomba Diocese:**

**Safeguarding Ministry Office:** *for support, advice and guidance*

**4638 1379** or **0408 459 045**

73 Margaret Street, Toowoomba QLD 4350

profstandards@twb.catholic.org.au

***Diocesan Safeguarding Ministry, Diocese of Toowoomba, 30 January 2021***