

APPENDIX C: INCIDENT/DISCLOSURE REPORT FORM - CHILD PROTECTION

CONFIDENTIAL

Name of child: _____ Date of birth: _____

Home Address: _____

Home Phone No: _____

Name of parents or caregivers and relationship to child: _____

Name: _____ Name: _____

Phone No: _____ Phone No: _____

Relationship: _____ Relationship: _____

Name of person reporting concern: _____

Phone No: _____

Notification made to the Civil Authorities or to the Police Station: Yes No

At: _____ *(Place)*

To: _____ *(Name)*

Notification date: _____ Time: _____

Grounds for concern *(including contact with the child by alleged perpetrator[s])*:-

Where is the child at the time of notification?

Other relevant information, including any known previous notifications and action, need for an interpreter (language/sign etc.).
(If required, please attach further information onto form):

Local Spiritual Assembly/Auxiliary Board Member Responsible: _____

Have they been notified? Yes No

Date notified: _____

Signature: _____ Date: _____

This information should be sent immediately to

The National Spiritual Assembly at PO Box 99373, Newmarket, Auckland 1149; email: nationaloffice@bahai.org.nz