



# Catholic Diocese of Darwin

## Safeguarding Non-Mandatory Reporting Form

– for reporting incidents such as breaches to the Safeguarding Risk Management Strategy, policies, procedures, or disputes, threats or accidents during activities involving children and vulnerable people.

***For Mandatory Reporting, please use Mandatory Reporting: Harm to a Child or Young Person form.***

### GENERAL INFORMATION

Name of Parish/Ministry or Agency: \_\_\_\_\_

Safeguarding Representative (if appointed): \_\_\_\_\_

Nature of incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name(s) of persons involved in incident: \_\_\_\_\_

\_\_\_\_\_

Details of person/s involved i.e. Parishioner, Church personnel (lay worker, paid staff, volunteer etc.):

\_\_\_\_\_

Age(s) of persons involved in incident (if known): \_\_\_\_\_

Address(es) of persons involved (if known): \_\_\_\_\_

\_\_\_\_\_ Phone No(s): \_\_\_\_\_

Name(s) of parents/guardians (if applicable):

\_\_\_\_\_

Phone No(s): \_\_\_\_\_

### DESCRIPTION OF INCIDENT

1. Describe the incident (Add other documents/information as required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name(s) of leaders supervising at the time of the incident:

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3. Name(s) of any witnesses to the incident:

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4. What action was taken by the leaders supervising:

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5. Follow up actions:

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This form has been completed by: (Name) \_\_\_\_\_

on (date)\_\_\_\_\_ and has been forwarded to the Diocesan

Integrity Officer / Child Safety Coordinator on (date)\_\_\_\_\_.

Signature: \_\_\_\_\_

**Please attach any additional information and forward this form to the Integrity Officer / Child Safety Coordinator as soon as possible.**

**Christine Smith**

**INTEGRITY OFFICER / CHILD SAFETY COORDINATOR**

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