

Child Safety Concern Report Form

Reported By: _____

Child or children involved: _____

Incident Details: (Date) _____ (Time) _____

Description of Incident

Please provide a detailed account of what occurred, including what was said, done, and observed. Attach additional pages if necessary.

Immediate Action Taken

Describe any immediate steps taken following the incident
(e.g., separating individuals, providing first aid)

Coastal Bible Church

Witnesses

List any witnesses to the incident, including their contact information if available.

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Evidence

Note any physical or digital evidence that may be relevant (e.g., emails, photographs, physical objects).

Confidentiality

Reminder: This report contains sensitive information and should be handled according to the organisation's confidentiality and privacy policies.

Coastal Bible Church

Next Steps

Please return this form to one of the following Safe Ministry Contacts:

- **Kingsley David** – e: kingsley@coastalbible.church
 - **Jayden O'Donnell** – e: jayden@coastalbible.church
 - **Wina Lo** – e: wina@coastalbible.church
-

For Office Use Only

Incident Report Number: _____

Assigned to: _____

Follow up Actions: _____

Outcome/Resolution: _____

Review Date: _____