## ABV – Child Protection Reporting Form

**Confidential – Privacy & Use Notification**

This reporting form may be used by ABV personnel (staff, volunteers, contractors, consultants) as well as other stakeholders, including community members, partner organisations, program participants, or any individual wishing to report a child-safeguarding concern. Please complete this form with as much detail as possible. However, partially completed forms will still be accepted and reviewed, and should be submitted even where full information is not available at the time.

The form is intended solely for reporting child protection concerns and must be submitted directly to the ABV CEO and Compliance Officer at welfare@abv.org.au. All information shared through this form will be handled confidentially and strictly on a need-to-know basis.

ABV collects and uses your personal information to assist in maintaining safe environments for children during the delivery of its business activities. ABV may contact you regarding the information you have provided. ABV may also disclose relevant information to regulators and/or law enforcement agencies so that any threat to a child's safety, welfare, or wellbeing can be appropriately investigated.

| **Section** | **Details** |
|---|---|
| 1. **Reporter Details** | |
| **Name or code (if anonymous):** | |
| **Role/relationship to ABV:** | |
| **Contact details (email/phone):** | |
| **Date and time of reporting:** | |
| 2. **Incident Details** | |
| **Date and time of incident:** | |
| **Location (country, city/town, program site):** | |
| **Description of incident:** Please indicate most appropriate description of alleged incident: Sexual Abuse\Sexual Misconduct, Physical Abuse, Psychological Abuse, Neglect | |
| **Have any injuries been observed or reported?** | |
| **Are there any immediate safety concerns?** | |
| **Describe actions already taken (if any)** | |

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| **Is the victim still in danger of abuse or neglect?** | |
| **Are local police or other local authority aware of the incident\allegation?** | |
| **What other authorities have been informed?** | |
| 3. **Victim-Survivor Details** | |
| **Name or code:** | |
| **Age of child at time of incident:** | |
| **Gender:** | |
| **Relationship to ABV:** | |
| **Consent to report (Yes/No/Unknown):** | |
| **Support provided/requested:** | |
| 4. **Alleged Perpetrator Details** | |
| **Name:** | |
| **Age or age range:** | |
| **Gender:** | |
| **Contact Details:** | |
| **Relationship to ABV:** | |
| 5. **Witness Details (if applicable)** | |
| **Name(s) or codes:** | |
| **Contact (if appropriate):** | |
| **Witness account:** | |
| **Additional Context** | |
| 6.**Relevant contextual information:** | |
| **Ongoing risks to others:** | |
| **Any other pertinent details** | |
| 7. **Declaration** | |
| **Reporter name:** | |

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|---|---|
| **Signature (electronic or handwritten, where available; typed name accepted where a signature is not possible)** | |
| **Date:** | |
| **Submission Instruction**: Submit to CEO and Compliance Officer to welfare@abv.org.au. For urgent safety issues, contact local emergency services immediately. | |