

# WVEC Safe Ministry Report

*This form is to be completed by the person\* who wishes to raise an allegation of inappropriate behaviour. Copies of the completed form should be given only to a **WVEC Safe Ministry Contact (SMC)**.*

*\*where the person is unable to complete the report it can be completed by the SMC and sent to the person to verify. Alternatively the person may appoint a representative to report the allegation.*

## **What, When and Where**

**Alleged Inappropriate Behaviour** Date\* \_\_\_\_\_ Time\* \_\_\_\_\_

Event Name\* \_\_\_\_\_

Ministry Leader at event\* (name/title) \_\_\_\_\_

Day of the week\* \_\_\_\_\_ Time of Day\* \_\_\_\_\_

\*alleged inappropriate behaviour may not be limited to one event/date

Nature of alleged inappropriate behaviour

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> physical    | <input type="checkbox"/> emotional  |
| <input type="checkbox"/> sexual      | <input type="checkbox"/> neglect    |
| <input type="checkbox"/> spiritual   | <input type="checkbox"/> harassment |
| <input type="checkbox"/> bullying    |                                     |
| <input type="checkbox"/> other _____ |                                     |

## **Person of concern (the person an allegation is made against)**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (m) \_\_\_\_\_

In what capacity were they at the event

<input type="checkbox"/>	Employee
<input type="checkbox"/>	Volunteer Organiser
<input type="checkbox"/>	Group Participant
<input type="checkbox"/>	Other _____

WVEC Member  Yes  No

## **Affected Person**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (m) \_\_\_\_\_

Approximate Age \_\_\_\_\_

In what capacity were they at the event

<input type="checkbox"/>	Employee
<input type="checkbox"/>	Volunteer Organiser
<input type="checkbox"/>	Group Participant

WVEC Member  Yes  No

