



# SAFEGUARDING PROGRAM

Please enter Name of Church or Organisation

## Accident / Complaint Report

To be completed where there has been an accident or incident involving physical injury, property damage, complaints or a breach of the Code of Good Leadership Conduct.

Name of person filling in this report (Reporter):			
Ministry Coordinator:			
Contact Details:			
Nature of report:	<input type="checkbox"/> Accident causing personal injury	<input type="checkbox"/> Property damage	
	<input type="checkbox"/> Breach of Code of Good Conduct	<input type="checkbox"/> Complaint	
Location of incident:		Date/Time of incident:	
Describe the incident. Include specific location at venue, and the circumstances surrounding the incident.			
<b>Details of persons involved</b>			
Name:		Tel:	
Address:			
Where there any witnesses to the incident. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, contact details for any witnesses:			
<b>Details of Witnesses</b>			
Name:		Tel:	

Address:			
<b>Risk / Hazard</b>			
Did the incident occur as a result of a risk or hazard?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, had the risk or hazard been identified prior to the activity commencing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what measures were used to eliminate or control the risk or hazard?			
If yes, what measures could be taken in the future to avoid a repeat of the incident?			
Report submitted by:		Position in Church	
Signature		Date	

**Ministry Co-ordinator to retain original copy and give completed form with Hazard Identification Form to the Church Safeguarding Representative.**

*This form is available online for completion or download at [www.deogloria.org.au](http://www.deogloria.org.au)*