



# Safeguarding Concern Report Form

Catholic Archdiocese of Perth

If you have concerns for the immediate safety of a child or adult call 000.

This form can be used by anyone to report abuse or who has a concern about the well-being of a child or adult within the context of the Catholic Archdiocese of Perth. All concerns, allegations or complaints will be taken seriously and treated with sensitivity. Matters will be acted on in accordance with the Archdiocesan Privacy Policy and with moral, ethical and legal obligations.

It is a legal requirement in WA for doctors, nurses, midwives, teachers, police officers, boarding supervisors and ministers of religion to report child sexual abuse to the Department of Communities' Mandatory Reporting Service.

If you require assistance completing this e-form, please contact the Director, Safeguarding Program on +61 (08) 9221 7762.

## I am providing *(Required)*

- My own report (see *Your details*)  A report on behalf of someone else

Details of whom you are reporting on behalf of:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

They have a role in the Archdiocese (E.G. Clergy/Religious/Employee/Volunteer/Safeguarding Officer):

\_\_\_\_\_  
*Please specify exactly what role and what location in the Archdiocese of Perth or mark NOT APPLICABLE (N/A)*

Location *(Required)*

\_\_\_\_\_

Does the concern involve a child under the age of 18 years? *(Required)*  Yes  No

Please select which of the following your report is about *(Required)*

- Clergy/Religious  Employee  
 Child (under the age of 18 years)  Volunteer/Church Worker  
 Parish  Archdiocesan Organisation/Agency



**Detailed Report**

Please provide as much detail as possible: *(Required)*

Consider who was involved, what happened, when it happened, where it happened, were there any witnesses, and was any immediate action taken?

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Please attach any additional information.

Would you like to remain anonymous?

- Yes. *N.B: If you wish to remain anonymous, we may be unable to progress this matter and provide you with any feedback.*
- No

**Your details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have a role in the Archdiocese (E.G. Clergy/Religious/Employee/Volunteer/Safeguarding Officer):

\_\_\_\_\_  
*Please specify exactly what role and what location in the Archdiocese of Perth or mark NOT APPLICABLE (N/A)*

**Send to:**

Safeguarding Program Office | Catholic Archdiocese of Perth | 29 Victoria Square, Perth WA 6000 | [director.safeguarding@perthcatholic.org.au](mailto:director.safeguarding@perthcatholic.org.au)

