

**FORM CS7****Report A Person Of Interest**

Seventh Day Adventist Reform Movement

**Definition of a Person of Interest (POI)**

A Person of Interest (POI) is someone believed, on reasonable grounds, to either (a) have a Court conviction for an offence against a child of a sexual, pornographic, or violent nature; (b) or to be undergoing a Police investigation for the above; or (c) to have a positive finding for misconduct of a sexual nature involving a minor, as determined by a duly authorised Commission (such as a Health Complaints Commission), Professional-member Registration Body or Association (such as a Teacher Registration Board), or Tribunal.

**YOUR DETAILS**

Your Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Home Phone/Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

**DETAILS OF PERSON OF INTEREST**

Name: \_\_\_\_\_ Contact details (if known): \_\_\_\_\_

Age (estimate if not known): \_\_\_\_\_ Your relationship/connection/association to this person: \_\_\_\_\_

Address of POI (Or whereabouts): \_\_\_\_\_

Brief physical description (height; build; complexion; hair colour; eye colour; features: beard, tattoos, rings etc.): \_\_\_\_\_

Is the POI currently believed to be a Church worker or employee? ☐ Yes ☐ No What office? \_\_\_\_\_Is the POI currently believed to be attending a local Church? ☐ Yes ☐ No Which Church? \_\_\_\_\_

On what grounds do you believe the POI has a conviction or is under investigation? \_\_\_\_\_

Do you have any documentation that supports your belief? ☐ Yes ☐ No

Who else, do you believe, is aware of this apparent information about the POI? \_\_\_\_\_

Describe any other likely sources of information or people who are willing to be contacted: \_\_\_\_\_

Any other comments: \_\_\_\_\_

**DECLARATION - PLEASE CHECK ALL BOXES**

- ☐ 1. I submit this Report of a Person of Interest in good faith without malicious or vexatious intent.
- ☐ 2. The details are true and correct as far as I understand and believe them to be.
- ☐ 3. I consent to the relevant ChurchSafe Contact, or a relevant Church, Conference or Department of the Church representative, contacting me if required.
- ☐ 4. I have obtained the consent of any other people who may be likely sources of information, if indicated above.
- ☐ 5. I understand that the ability of the ChurchSafe Contact/s and/or the Church to act on this report may be limited by the information enclosed or the extent of information that emerges as a result of inquiries.
- ☐ 6. My identity in the submission of this Report will be kept confidential so far as the Confidentiality Agreement extends and that of any legal right or necessity for it to be disclosed (in such an event, ChurchSafe would seek to blank out details of the submitter on the grounds of relevance, in the first instance, and on the grounds of the necessity of maintaining privacy of sources so that future sources may not be discouraged from coming forward thereby increasing risk within Church environments).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_