



FORM CS8

Formal Allegation Record (PSOA Form)

Seventh Day Adventist Reform Movement



The completed form should be given to the team leader, who will pass the information on to the ChurchSafe Concerns Team.

FILL IN DETAILS

Name of Team Leader: _____ Name of person filling in this form: _____

Time of Incident: _____ Date of Incident: ____/____/____ Your mobile phone: _____

Residential Address: _____

Home Phone: _____ Email Address: _____

DETAILS OF PERSON ABOUT WHOM YOU HAVE A CONCERN

Name: _____ Contact details (if known): _____

Age (if known): _____ Your relationship to this person: _____

DESCRIBE YOUR CONCERNS - WHAT WAS OBSERVED OR WHAT WAS SAID

It is important to provide as much information as possible, basing your information on facts and observations, without making assumptions or jumping to conclusions or making "value" judgments. If a disclosure has been made, a verbatim (word for word) must be written of the disclosure to the best of the reporter's ability, as soon after the disclosure as is practical.

SIGNATURE: _____ DATE THIS REPORT WAS MADE: _____

This confidential record is to be kept in accordance with privacy legislation