# WA Concerns Report *STRICTLY CONFIDENTIAL – DO NOT SHARE*

Thank you for raising your concern. We understand that submitting this report may be a difficult step and we will help and support you as much as we can.

Please complete the form below, sharing as much information as you feel comfortable providing. If you would prefer, we can meet with you to complete it together. Please submit completed report by email to: wa.cs.docs.2025@gmail.com

| **Your Details** | |
|---|---|
| Your Name/s: | Phone: |
| Email: | Today's Date: |
| Age of the victim/survivor at time of the alleged abuse: | |
| **Has this been reported to the police?**<br>*(In WA all allegations of harm or risk of harm involving children currently under 18 years old must be reported by Mandatory Reporters immediately to the WA Police).* | |
| If so, please provide police case/incident number: | |
| Date & Location lodged: | |
| **Who are you submitting this form on behalf of?** | ☐ Yourself<br>☐ Someone else |
| If you are not the affected person or their parent/guardian, are they aware you are submitting this form? | ☐ Yes<br>☐ No |
| **Where you are not the victim /survivor:** | |
| Name of the victim/survivor: | |
| Age of the victim/survivor: | |
| Your relationship to the victim/survivor: | |

| **COMPLAINT DETAILS** | |
|---|---|
| Date of alleged child abuse: (if no date is known, provide closest approximate period or event or occasion of the alleged child abuse). | |
| Location of the alleged child abuse: | |
| Names of parent/s or guardian/s of the child or witnesses present at time of the alleged child abuse | |
| Nature of the alleged child abuse:<br>☐ Child Sexual Abuse (see Identifying child abuse and neglect)<br>☐ Other, please state: | |
| **DETAILS OF THE RESPONDENT (PERSON WHO IS THE SUBJECT OF THIS REPORT)** | |
| Name of Respondent: | |
| Ministry worker or elder? | |
| Address if known: | |
| If name unknown, please give a description of Respondent: | |

**COMPLAINT DETAILS**

Outline your report and provide as much detail as possible, including nature of child abuse, where and when it occurred, any events relating to the abuse, age of victim, any witnesses, etc. Please feel free to attach any additional pages or supporting documents.

| **PRIVACY & CONFIDENTIALITY** |
| --- |
| All information will be treated in strict confidence and shared only with those directly handling the matter, relevant parties, and authorities (if required). This safeguards the integrity of the inquiry and supports procedural fairness.<br><br>Until the allegation has been substantiated, it's important that all individuals' privacy is respected to reduce the risk of re-traumatisation or defamation. The respondent will be notified of the report against them and invited to respond.<br><br>The information in this report may also be shared with external bodies such as police, child protection services, independent investigators, or risk assessors. |
| **SUBMITTING THIS FORM** |
| Please email completed form to: wa.cs.docs.2025@gmail.com |

## Support Services

### 1800 Respect
website: www.1800respect.org.au
phone: 1800 737 732

### Blue Knot Foundation
website: www.blueknot.org.au
phone: 1300 657 380

### Bravehearts
website: www.bravehearts.org.au
phone: 1800 272 831

### Headspace
website: www.headspace.org.au
phone: 1800 650 890

### Lifeline
website: www.lifeline.org.au
phone: 131 114

### MensLine Australia
website: www.mensline.org.au
phone: 1300 789 978