



BL22 - CHILD CONCERN, SUSPICION OF HARM AND DISCLOSURE FORM

IF YOU THINK A CHILD IS IN IMMEDIATE DANGER CALL QPS ON 000 BEFORE COMPLETING THIS FORM.

This form is to be completed where you have a concern for the safety and wellbeing of a child. This information is to be passed on to a Police Officer. This could be your Branch Coordinator, State Coordinator or other local Police Officer as appropriate. A copy should be sent to QBLAI State Office, for the attention of the State Coordinator and marked Confidential.

Fill out this form to the best of your ability. Unknown details can be left blank.

You are not to conduct any investigations or question anyone in order to fill out this form.

Branch or Blue EDGE Location: _____

Venue/Address: _____

Date of Incident/Disclosure: _____

Time of Incident/Disclosure: _____

CHILD'S DETAILS						
Full Name:						
Address:					P/Code:	
Phone:		Sex:	M / F	D.O.B:		Age:

PARENT/CARER DETAILS (if known)			
Full Name:			
Address:			P/Code:
Phone:		Is the child's parent/carer aware of the concern?	Yes / No / Don't Know

INITIAL NOTIFICATION (if you have already spoken to a Police Officer)				
Full Name:				
Address:				P/Code:
Phone:		Rank		QBLAI Position:

PERSON REPORTING CONCERN			
Full Name:			
Address:			P/Code:
Phone:		Alt. phone	



CONCERN

Dependent upon the nature of the disclosure or concern that you have, things to include may be as follows:

- *Exact nature of the concern about the child's safety and wellbeing or exact description of the disclosure made by the child. Record exactly what was said to you in the language used by the child and include from their communication with you details such as when the issue is said to have occurred and how often.*
- *Details about exactly when and how you became concerned for the safety and wellbeing of the child.*
- *Names of any other adults or children who may have witnessed the child protection concern.*
- *Names of any adults or children who have provided you with any information or raised concerns for the child.*
- *Description of any injuries seen.*
- *Description of the behaviour of the child(ren) or any other indicators you observed.*
- *Information about any concerning behaviours of other family members including parents and caregivers.*
- *An outline of the attitude of the carers of the child to the injury or incident (if they have been told about it).*

DETAILS OF CONCERN (attach additional pages if needed)

Signed: _____ **Date:** _____

Position: _____

COPY TO BE FORWARDED TO THE STATE COORDINATOR QBLAI STATE OFFICE

The information recorded above should be kept strictly confidential. It should not be discussed with anyone other than the Police Officer it is given to. A copy should be sent to the Police Officer serving as State Coordinator, marked PRIVATE AND CONFIDENTIAL.