

Disclosure/Expression of Concern Report Form

CONFIDENTIAL

Child:

Name of child:

Date of birth:

Home Address:

Home Phone No:

Parents or caregivers and relationship to child:

Name:

Name:

Phone No:

Phone No:

Relationship:

Relationship:

Report:

Name of person reporting concern:

Phone No:

Notification made to the Civil Authorities or to the Police Station: Yes No

At: *(Place)*

To: *(Name)*

Notification date:

Time:

Grounds for concern *(including contact with the child by alleged perpetrator[s])*:-

Where did the incident take place?

Other relevant information, including any known previous notifications and action, need for an interpreter (language/sign, etc.). *(If required, please attach further information onto form):*

Local Spiritual Assembly responsible:

Auxiliary Board member responsible:

Have they been notified?

Yes

No

Date notified:

Signature:

Date:

This information should be sent immediately to the National Spiritual Assembly at PO Box 99373, Newmarket, Auckland 1149; email: nationaloffice@bahai.org.nz