



Complaints/Allegations Report – ADULT

Complaints and Allegations Initial Response Report (TOO-0002)

This tool supports the policy POL-0003 and process PRO-001.
The Synod office must be advised immediately by email of any complaint at:
complaints@ucaqld.com.au

Complaint Number Q DD/MM/YY

Section A Complainant details

Full name

Phone number

Email address

Postal address

Full name of person disclosing complaint (if not the same as the complainant)

Section B Alleged victim/vulnerable person/group details

Full name

Gender

Date of birth
(if known)

Age at the time of the
alleged incident

Indigenous status/
Ethnicity/language

Do you need a
translator?

Respondent/alleged perpetrator details

Full name

Gender

Date of birth
(if known)

Indigenous status,
ethnicity, language

Do you need a
translator?

Congregation

- Member
- Member in association
- Adherent

Specified ministry

- Minister of the Word
- Ministry of Deacon
- Ministry of Pastor A
- Ministry of Pastor B
- Other (please describe)

Employed

- Employee
- Contractor
- Other (please describe)

Volunteer

- Elder
- Church councillor
- Youth leader
- Other (please describe)

Complaints/Allegations Report – ADULT

Does the respondent/
alleged perpetrator have
a current Blue card? Yes
 No
 Unknown

Card no:
Expiry date: DD/MM/YYYY

Complaint/incident details

Has the incident been previously reported to the police? <input type="checkbox"/> Yes → <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date matter was reported	DD/MM/YYYY
	Police incident number	
	Police action (if known)	
	Police station	
	Police officer	

Do you have any information that may impact on the safety
and wellbeing of anyone involved in the complaint? Yes No

Was the complaint previously reported to the Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	When Action Taken (if known)	

Are there any documents in relation to the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	List documents and attach copies	
	Or, detail where documents are held and by whom	

Date of alleged incident	DD/MM/YYYY
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Name and address of the
location where alleged
incident occurred

Brief details of complaint, allegation, injuries or incident

What did the person making the complaint say to you?

Were there any visible injuries?

Has the complainant received any medical attention? If so, list doctor's details.



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Witness details (if any)

Full name
Phone number
Email address
Postal address

Person completing this form and acknowledged

Full name	
Role/position e.g. Presbytery minister, minister or administration officer	
Congregation/presbytery/other	
Phone number	
Email address	
Postal address	
Date form completed	DD/MM/YYYY
All the information provided is true and correct to the best of my knowledge.	

Signature

Privacy notice

We will only use the information collected on this form to process your complaint and access will only be provided to authorised people in accordance with the *Privacy policy* (POL-0001).

Document Review History

Version Number	Reviewed by	Endorsed by	Approved by	Date of Approval	Review Date
1	Irene Waters People and Projects manager	Qld Synod Royal Commission Task Group	Gary Doyle General Secretary	02 June 2015	02 June 2017
	Complaints legal counsel	Presbytery ministers			
	David Munro Manager, Risk & Insurance				
	Professional Standards advisor				
Due	3.6.16	Review Cycle- annually			