



Uniting Church in Australia

Member or Adherent
Sexual Abuse and Sexual Misconduct
Complaints Form

Approved by the Assembly Standing Committee
December 2014

Endorsed by the Northern Synod Annual General Meeting
June 2016

Safe Church in the Northern Synod

Creating an environment of safety for all people in our Church



Uniting Church in Australia
NORTHERN SYNOD



Member/Adherent Sexual Misconduct Complaint Form

This form should be filled by any person making or receiving a complaint of sexual abuse or sexual misconduct against a lay person

1. Presbytery Name:	_____
2. Name of Chairperson/Secretary:	_____
3. Name of Complainant/s:	_____
4. Is the Complainant a member or Adherent of the Church? Where?	_____
5. Address of Complainant:	_____
6. Telephone No of Complainant:	_____
7. Email Address of Complainant:	_____
8. Name of Respondent and position held:	_____
9. Date of Complaint:	_____
10. Date of behaviour that is subject to complaint:	_____

11. What standard of ethical behaviour do you feel was breached by this behaviour

(Please tick all that apply)

Leadership Relationship	<input type="checkbox"/>	Particular relationship	<input type="checkbox"/>	Sexual abuse/misconduct	<input type="checkbox"/>	Conflict of interest	<input type="checkbox"/>
Possible criminal behaviour	<input type="checkbox"/>	_____ _____ _____ _____					



12. Complaint Details:

Continue on separate sheet if needed. please describe facts only, including dates, events, people involved. etc., and if something is an impression or suspicion, please make that clear.)



13. Has there been an informal attempt to resolve the issue by bringing the concern to the attention of the Minister?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If no, why not? (This should occur before a formal complaint is accepted)				
If yes, please give a brief account:				
14. What resolution would you like to see for this complaint?				
15. Any other comments?				
Signature of complainant: (Signing this form will provide the Church with your authority to investigate this complaint.)			Date: Click here to enter a date.	

OFFICE USE ONLY							
Received by (Name and position):	Click here to enter text.						
Date received (lodge):	Click here to enter a date.						
Method of lodgement:	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Other <input type="checkbox"/>
Date recorded on Complaints Register:	Click here to enter a date.						
Date Acknowledgement Letter sent:	Click here to enter a date.						