



**Samford Rangers Football Club**

**Record of Child Abuse Allegation**

Complainant's Name <i>(if other than the child)</i>	
Date	
Role in Football	<input type="checkbox"/> Administrator <input type="checkbox"/> Player <input type="checkbox"/> Club Official <input type="checkbox"/> Spectator <input type="checkbox"/> Match Official <input type="checkbox"/> Team Official <input type="checkbox"/> Parent <input type="checkbox"/> Other .....
Child's name	
Child's Age	
Child's address	
Person's reason for suspecting abuse <i>(e.g. observation, injury, disclosure)</i>	
Name of person complained about	
Role in Football	<input type="checkbox"/> Administrator <input type="checkbox"/> Player <input type="checkbox"/> Club Official <input type="checkbox"/> Spectator <input type="checkbox"/> Match Official <input type="checkbox"/> Team Official <input type="checkbox"/> Parent <input type="checkbox"/> Other .....



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#### Witnesses (if more than 3 witnesses, attach details to this form)

Name (1)	
Contact details	
Name (2)	
Contact details	
Name (3)	
Contact details	
Interim action taken ( <i>to ensure child's safety and/or to support needs of person complained about</i> )	

#### Police contacted

Who	
When	
Advice provided	

#### Government agency contacted

Who	
When	
Advice provided	

#### Football Brisbane CEO contacted

Who	
When	



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**Police and/or government agency investigation**

Finding	
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**Internal investigation (if any)**

Finding	
Action taken	

**Completed by**

Name	
Position	
Signature	
Date	

**Signed by complainant (if not a child)**

Signature	
Date	