# *Safe from Harm Reporting*



**Welcome to The Salvation Army USA Central Territory’s**

***Safe From Harm Reporting Website*.**

The following online form was created for The Salvation Army USA Central Territory's *Safe From Harm* program, a unique safety program that is geared to protect children, vulnerable adults, and Salvation Army personnel throughout the Central Territory's programs and ministry units. The form is intended for personnel and participants to document reporting of the following:

* Suspected or Known Abuse, Neglect, or Exploitation of a Vulnerable Individual
* Concerns of Inappropriate Behavior or Policy Violations Involving a Vulnerable Individual
* Injury of a Vulnerable Individual
* Lost or Missing Vulnerable Individual

All reports should be kept confidential, shared only with those who require direct involvement in the incident or concern for the purpose of upholding Salvation Army National and Central Territory policies as well as United States laws and the laws of states included within The Salvation Army Central Territory.

Communication via the *Safe From Harm Reporting Hotline* and reports submitted to the *Safe From Harm Reporting Website* are received by The Salvation Army USA Central Territory Legal Department in a manner that promotes protection by attorney-client privilege.

**For more information about who should report, what should be reported, and how to report, please see:**

The Salvation Army USA Central Territory Safe From Harm Reporting Book 1
*Reporting Incidents & Concerns Involving Vulnerable Individuals: Definitions, Policies, and Procedures*

**For more information about Salvation Army policies that apply to the *Safe From Harm* program, please see:**

The Salvation Army USA Central Territory Safe From Harm Reporting Book 2
*Related Policies and Guidelines Applicable to Safe From Harm Implementation*

**If you have any questions about reporting or require assistance** with reporting, please call the toll-free

*Safe From Harm Reporting Hotline* to consult with Legal Counsel: **1-855-846-3330**

For Incidents/Concerns/Reports please contact the Safe From Harm Reporting Hotline: 1-855-846-3330
For General Safe From Harm inquiries, contact the The Salvation Army USA Central Territory Safe From Harm Program Director: 847-294-2388

**Upon completion of the *Safe From Harm Incident Reporting Form*, please submit to:**

###### SFH\_Legal@usc.salvationarmy.org

Subject: **SFH Online Report**

##### Safe From Harm Incident Reporting Form

**Please complete & submit the following form with as much information as you have at the time,**

**stating the facts as personally known to you.**

*Mark all that best describe your reason for reporting:*

|  |  |
| --- | --- |
| [ ]  | To the best of my knowledge, I suspect abuse, neglect, or exploitation of a vulnerable individual. |
| [ ]  | I have directly witnessed what I believe constitutes abuse, neglect, or exploitation of a vulnerable individual. |
| [ ]  | A vulnerable individual has disclosed his/her experience of abuse, neglect, or exploitation to me. |
| [ ]  | A vulnerable individual incurred a substantial pain injury on Salvation Army property and/or at a Salvation Army sponsored event. |
| [ ]  | A vulnerable individual went lost or missing at a Salvation Army sponsored event and/or while in the care of The Salvation Army. |
| [ ]  | I have observed what I believe to be inappropriate behaviors with/towards a vulnerable individual and/or a perceived blatant *Safe From Harm* policy violation  |
| [ ]  | Other |

|  |  |
| --- | --- |
| *Today’s Date* |       |

## *Your Contact Information*

|  |  |  |
| --- | --- | --- |
| Reporting Person’s Name |       |       |
|  | First  | Last |

|  |  |
| --- | --- |
| Position (within The Salvation Army or otherwise)  |       |

|  |  |
| --- | --- |
| Division/Command Affiliation (as known & applicable) |       |

|  |  |
| --- | --- |
| Salvation Army location in which you work, volunteer, or serve (as applicable) |       |

|  |  |
| --- | --- |
| Immediate Supervisor Name at The Salvation Army location in which you work, volunteer, or serve: |       |

|  |  |
| --- | --- |
| Email |       |

|  |  |
| --- | --- |
| Phone number |       |

|  |  |
| --- | --- |
| Mobile Phone  |       |

|  |  |
| --- | --- |
| City & State of Address |       |

# *Reporting Location*

|  |  |
| --- | --- |
| Location from which you are making this report |       |

|  |  |  |
| --- | --- | --- |
| Reporting location contact information same as above | [ ]  | Yes |

If different, please provide reporting location information, as known, below:

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |       | Address |       |

## *Suspected or Witnessed Incident or Concern*

## *Please report as much information as you have at this time,*

## *stating the facts as personally known to you.*

|  |  |
| --- | --- |
| Date of Incident/Concern |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Approximate Time of Incident/Concern |       | [ ]  A.M. | [ ]  P.M. |

Did the suspected or witnessed incident or concern occur on a Salvation Army premises and/or during transportation services provided by The Salvation Army, and/or during a Salvation Army sponsored event?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

|  |
| --- |
| Location Name of where the suspected/witnessed Incident/Concern took place  |
|       |
|  |
| Address of where the suspected/witnessed Incident/Concern took place |
|       |

# *Alleged Victim, Injured, or Missing Person: Vulnerable Individual’s Information*

|  |  |  |  |
| --- | --- | --- | --- |
| Privacy of Victim/Injured/Missing Person: |  | [ ]  | By law, partnership or licensing agreement, unable to disclose this information without consent. |

|  |  |  |
| --- | --- | --- |
| Name of Victim/Injured/Missing Person |       |       |
|  | First  | Last |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender | [ ]  Female | [ ]  Male |  |

|  |  |
| --- | --- |
| Age |       |

|  |  |
| --- | --- |
| Phone number |       |

|  |  |
| --- | --- |
| Mobile Phone  |       |

|  |  |
| --- | --- |
| Address |       |

|  |  |
| --- | --- |
| Email |       |

|  |  |
| --- | --- |
| Position (within The Salvation Army or otherwise)  |       |

# *Parent / Legal Guardian Information*

|  |  |  |  |
| --- | --- | --- | --- |
| Privacy of Parent/Guardian |  | [ ]  | By law, partnership or licensing agreement, unable to disclose this information without consent. |

|  |  |  |
| --- | --- | --- |
| Name of Parent/Guardian |       |       |
|  | First  | Last |

|  |  |
| --- | --- |
| Phone number |       |

|  |  |
| --- | --- |
| Mobile Phone  |       |

|  |  |
| --- | --- |
| Address |       |

|  |  |
| --- | --- |
| Email |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address Same as Alleged Victim/Injured/Missing Person |  | [ ]  | Yes |

# *Alleged Perpetrator Information (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Privacy of Alleged Perpertrator |  | [ ]  | By law, partnership or licensing agreement, unable to disclose this information without consent. |

|  |  |  |
| --- | --- | --- |
| Name of Alleged Perpetrator |       |       |
|  | First  | Last |

|  |  |
| --- | --- |
| Age |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Alleged Perpetrator is a minor (under 18 yrs of age) |  | [ ]  | Yes, alleged perpetrator is a minor. |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender | [ ]  Female | [ ]  Male |  |

|  |  |
| --- | --- |
| Phone number |       |

|  |  |
| --- | --- |
| Mobile Phone  |       |

|  |  |
| --- | --- |
| Email |       |

|  |  |  |
| --- | --- | --- |
| Address same as Parent/Legal Guardian |  | [ ]  Yes, same address as Parent/Legal Guardian |

|  |  |
| --- | --- |
| Address |       |

|  |  |
| --- | --- |
| Position (within The Salvation Army or otherwise)  |       |

*Description of the Suspected/Witnessed Incident/Concern:*

***Please describe the facts as personally known or witnessed by you.***

|  |
| --- |
|       |
|  |

***Were Salvation Army Personnel* (officer, employee, volunteer) *directly involved in any way?***

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

***If yes, how were Salvation Army Personnel directly involved?*** (Mark all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Alleged Victim, Injured, or Missing Person | [ ]  Alleged Perpetrator | [ ]  Witness |
| [ ]  Other |  |  |

Please list Salvation Army Personnel involved and describe their involvement

|  |
| --- |
|       |
|  |

Additional Remarks:

|  |
| --- |
|       |
|  |

*Individuals / Agencies Notified:* (Mark all that apply)

[ ]  No one at this time

[ ]  Police Date notified

[ ]  Child Protective Services agency Date notified

[ ]  Adult Protective Services agency Date notified

*Individuals / Agencies Notified (cont):*

[ ]  Parent(s) / Guardian(s) of

 Alleged Victim, Injured, or Missing Person Date notified

[ ]  Parent(s) / Guardian(s) of

 Alleged Perpetrator, if a minor Date notified

[ ]  The Salvation Army *Safe From Harm*

 *Reporting Hotline* 1-855-846-3330 Date notified

[ ]  Chesterfield to file an insurance claim Date notified

 1-800-743-4311

 (Vulnerable individual injury reports only)

[ ]  Salvation Army Personnel

 Please list all, including name, position (officers, employees, volunteers), and date notified

|  |
| --- |
|       |
|  |

|  |  |
| --- | --- |
| [ ]  | Other individuals I have personally notified |

 Please list all, including name, relationship to you, relationship to alleged victim, and date notified

|  |
| --- |
|       |
|  |

|  |  |
| --- | --- |
| [ ]  | Others to my knowledge who I have not personally notified but may be aware of the incident/concern |

 Please list all, including name, relationship to you, and relationship to alleged victim

|  |
| --- |
|       |
|  |

# *Action Taken & Follow Up Plan*

If applicable, please describe any action taken and/or any determined follow-up plan that pertains to the suspected/witnessed incident/concern

|  |
| --- |
|       |
|  |

**Upon completion of the *Safe From Harm Incident Reporting Form*, please submit to:**

###### SFH\_Legal@usc.salvationarmy.org

Subject: **SFH Online Report**

Thank you for your submission of a Safe From Harm Legal Report to The Salvation Army USA Central Territory Headquarters Legal Department. Appropriate action will be taken by The Salvation Army Central Territory Headquarters Legal Department and the Safe From Harm Program Director. Please be aware that you may be contacted for follow up information at any time.

All communication and information shared via this Safe From Harm Website and the Safe From Harm Legal Hotline is received by The Salvation Army Central Territory Legal Department in a manner that promotes protection by attorney-client privilege and is shared only with those who require direct involvement in the incident or concern for the purpose of upholding Salvation Army National and Central Territory policies as well as United States laws and the laws of states included within

The Salvation Army Central Territory.

***Thank you for your commitment to keeping all involved in***

***The Salvation Army safe from harm.***