



Safe Church Policy Breach Report

If no action taken - reason:

Reporting responsibility

Name of person/s the breach was reported to:

Please ensure that the information in this report is added to the Safe Church Breach Register.

Your details

Name of person completing form:

Contact telephone number:

Signature:

Date:

Time: AM / PM

Revisions

| Document number | | C/2.1.14 | | | |
|-----------------------|---------------|------------------------|----------------|------------------------|---|
| Version | Approval date | Approved by | Effective date | Policy owner | Policy contact |
| 2.0 | 16.01.2024 | Strategic Risk Manager | 16.01.2024 | Strategic Risk Manager | Safe Church Assurance and Support Officer |
| Next scheduled review | | 29.07.2027 | | | |

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED.