

# Report of concern to Oranga Tamariki

National Contact Centre

Please send this report to email: [**contact@ot.govt.nz**](mailto:contact@ot.govt.nz)

This report is made under the authority of section 15 of the Oranga Tamariki Act 1989

*“Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to the chief executive (of Oranga Tamariki) or a constable.”*

**Note:** If this report relates to a notification already made via the OT Call Centre, please state the name of the OT intake social worker you spoke to and the date.

**Name of OT Intake Social Worker:**

**Date of telephone call:**

**Notifier’s details:**

|  |  |
| --- | --- |
| **Your name:** |  |
| **Your manager’s name:** |  |
| **MSD Family Violence Response Co-ordinator (FVRC) name:** |  |
| **Your position:** |  |
| **Youth Service provider name** |  |
| **Your contact number and email:** |  |
| **Your manager’s email:** |  |
| **Your FVRC email:** |  |
| **Date of incident/s:** |  |
| **Date of notification:** |  |

|  |  |
| --- | --- |
| **Disclosure of notifier’s details:**  If there is a justifiable reason for keeping your details confidential e.g., the subject of the notification has a history of violence or is related to you, please provide details.  *Please note that confidentiality cannot be guaranteed.* |  |

**Child/ren’s details:** *(Add columns if more children & convert format to landscape)*

|  |  |  |
| --- | --- | --- |
|  | ***Child One*** | ***Child Two*** |
| **Full name:** |  |  |
| **Gender:** |  |  |
| **Date of Birth:** |  |  |
| **Ethnicity:** |  |  |
| **Address:** |  |  |
| **Contact Number:** |  |  |
| **Mother’s name and address**  (if different from the child) |  |  |
| **Father’s name and address**  (if different from the child) |  |  |
| **Stepparents’ name and address**  (if different from the child) |  |  |
| **Caregiver’s name and address**  (if different from the child) |  |  |
| **Other members of immediate household –** name and relationship to child |  |  |
| **School/Pre-school**  name, contact number and contact person |  |  |
| **Other agencies involved with child or family –** name, contact number and contact person |  |  |

**Other associated children**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Child One*** | ***Child Two*** | ***Child Three*** |
| **Full names:** Children other than those named above |  |  |  | |
| **Date of Birth:** |  |  |  | |
| **School/childcare** attending |  |  |  | |
| **Address** (if different from the child/ren noted above) |  |  |  | |

**REASON FOR NOTIFICATION**

*Please describe what your worries and concerns are for this child or young person/s and their whanau:*

|  |
| --- |
|  |

**Concerns:**

*Please identify care and protection concerns for child/ren. If possible, please give time, date, and place for each. (Use additional pages as necessary)*

|  |
| --- |
|  |

**Type of Abuse:**

*(Please ‘tick’ or highlight category / categories)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical** | **Sexual** | **Emotional** | **Neglect** | **Exposure to Family Violence** | **Other** |

**To your knowledge, has Oranga Tamariki had previous involvement with this child or any member of its family? Please give details.**

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| --- |
|  |

**What happens next?**

A social worker from the OT National Contact Centre will read your report of concern and aim to **contact you directly in the next 3 – 14 days** to talk it through and decide the next best step to ensure the safety of the children or young persons in this whanau. If you are wanting to talk to a social worker directly please contact OT on: **0508 326 459**

**OT if you are unable to contact the report writer via phone please send an email and CC in Manager and FVRC.**