



Christian Youth Camps Waihola Inc.  
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**GST #:** 13-646-686  
**Charities Commission Registration #:** CC25364

## Safety Concern Form

- If you have a safety concern about our facility, a staff member, or a volunteer, please let us know by completing this form.
- If something has actually happened, a behavioural or accident reporting form must be completed.
- Leave this form in the CYC Office or give to the Director or Paid Staff

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|--------------------------------|--|
| <b>Group / Camp Name</b>       |  |
| <b>Your Name</b>               |  |
| <b>Your Role</b>               |  |
| <b>Contact (email/phone)</b>   |  |
| <b>Date Concern was Raised</b> |  |

### Details of Safety Concern –Include all necessary information.

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| <b>Describe Concern in Detail</b><br>Include the following: <ul style="list-style-type: none"><li>○ Where your concern is located</li><li>○ What/why/how it is a concern</li><li>○ If anything happened</li><li>○ Any important facts</li></ul> |  |
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| <b>Resolution Suggestions</b><br>If you have suggestions for how this safety concern could be resolved, please provide them here. |  |
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