HISTORIC ABUSE COMPLAINT AND REGISTRATION FORM
for the Presbyterian Church of Aotearoa New Zealand

We recognise that providing this information, recalling events, and putting them into writing can be distressing and uncomfortable. We greatly appreciate the effort this takes. This is preliminary information only, and it will help us ensure the investigation is assigned to the most appropriate person. All information provided is confidential to the Historic Abuse Redress Team.

Personal Details

- **Full Legal Name:** _____
- **Preferred Name / Alias (if applicable):** _____
- **Name Used at Time of Abuse (if different):** _____
- **Date of Birth:** _____ / _____ / _____
- **Current Residential Address:** _____

  _____
- **Phone Number:** _____
- **Email Address:** _____
- **Preferred Method of Contact (please tick one) :** [ ] Email [ ] Phone

Location Context

Please provide as much detail as you can remember.

- **Name of Place / Facility / School / Home etc where abuse occurred:**

  _____
- **Location / Address:**

  _____

  _____
- **Estimated Timeframe of abuse:** from [Year] _____ to [Year] _____

Summary of Experience & Concerns

Please provide a brief summary of the abuse or neglect you experienced. Writing about these events can be highly challenging, so please share only what you feel comfortable disclosing at this stage

Signature of Victim/Survivor: _____

Date: _____ / _____ / _____
DD MM YYYY