DIOCESE OF MAITLAND-NEWCASTLE



CHANCERY OFFICE 841 Hunter Street Newcastle West NSW

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Australia

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Fax Message

TO: CATHOLIC COMMISSIONI FOR EMPLOYMENT ATLATIONS S FAX NO: 02 9267 4559	ATTENTION: MR MICHAEL MC DONALD
FROM: BISHOP MICHAEL MALONIE	
DATE: 27. 4.04	No. of PAGES:

Dear Michael, Please fuid herewith information details about a was allegation against Jun Fletcher

Signed

FORM 5.1

CHILD PROTECTION INFORMATION DETAILS **OMBUDSMAN ACT 1974** STRICTLY PRIVATE & CONFIDENTIAL

SEC	TION A - To be completed by the Manag	er of Service
1.	SUBJECT OF ALLEGATION	ADDINGA MON
	Full Name TAMES PATAKK Position PRIEST	FREICHER Birth Date 20.11.41 Gender MALE
2.	CHEED/YOUNG PERSON	
	Full Name AB Student Registration Number A A	Birth Date 30 YKS OF flow Class/Grade N/A Gender //IALC-
3.	FULL NAME of SERVICE DICCE	SE OF MATERNO NEWCASTE
4.	ALLEGATION MADE BY	AB Date 26.4.04
5.	ALLEGATION DETAILS (precise details)	
	Date of Incident/\(\gamma_{\begin{subarray}{c} \begin{subarray}{c} \emptyred{\begin{subarray}{c} \begin{subarray}{c} \emptyred{\begin{subarray}{c} \	Date of Allegation 21 YEARS AGO
1.	completed by the Manager of Service CLASS OR KIND DETERMINATION Is Allegation Class or Kind (Yes/No) Reason for Decision	No
2.	CONTACT DETAILS	
	MANAGER OF SERVICE	CONTACT PERSON
	Name	Name
	Tel	Tel
	Fax	Fax
	E-mail	E-mail
3.	ACTION TAKEN (please tick all relevant I By Notified Director/Chief Executive Office Other Action - please specify MHTTER KEPOKTE	Properties
	Name -	Position BisHel
	Signature Signed	Date
NOT		ent toOffice

SECTION B - To be completed by Head Office (e.g. Director, Chief Executive Officer or Delegate)

1.	Unsure/Not Notifiable and no identifiable risk to children ☐ Notifiable to Ombudsman but no identifiable risk to children ☐ Notifiable to Ombudsman and possible risk to children ☐ Higher level risk - withdrawal from worksite considered
2.	DETAILS AT HEAD OFFICE Contact Person District (MALCINE Date Date 17 4 04
(Consi	ASONS FOR INITIAL RISK ASSESSMENT der: nature and seriousness of allegation(s): vulnerability of child(ren): nature of employee's position and level of ision; employee's disciplinary history; employee's safety or particular vulnerability; potential risks to proper of the investigation.)
	itial risk assessment re. appropriateness of employee remaining in workplace pending enquiries rovide reasons for risk assessment)
Fr Fle	tcher has been removed from all active ministry and
	the employee is to remain in the workplace pending enquiries, are additional supports required? so, indicate how these will be provided?
Not ap	plicable
(c) Ac	tion to be taken to ensure the wellbeing of the child(ren) during the investigation of the allegation
???	counselling etc needs to be offered
SECT	TION C
2. DF	AFT INVESTIGATION PLAN (continue on additional page if necessary)
(a) Fa	ctual particulars of the allegation (what is alleged?)
(b) in	vestigation objectives (what needs to be clarified / established?)
(c) Se	ek documentation regarding the making of the allegation (from whom?)
(d) Wi	ho should be interviewed? (identify witnesses; seek appropriate consents; consider carefully terviews with children and ensure proper support if interviewed)
(e) Po	ssible timeframe for the conduct of interviews / gathering of information
The al	legation is currently with the Police (as of 27 April 2004). The Ombudsman investigation is unable to menced until the Police have completed their enquiries.

MESSAGE CONFIRMATION

27/04/2004 17:58
ID=CHANCERY MAITLAND—NEWCASTLE

DATE	TIME	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
27/04	17:58	00'32"	61 2 9267 4559	TX	ø3 (OK	9000

1.	Deta	ills of Agency
	1.1	Name of agency: MATARWS - NEWCASTLE Type of agency: Designated government agency Designated non-government agency Public authority (other than a designated government agency) Non-government school Child care centre Substitute residential care service (i.e. out of home care service)
•	1.3	Nature of service provided by your agency: PASTORAL CARE, EDUCATION HEED CARE
	1.4	Does your agency have a policy or procedures specifically relating to allegations of reportable conduct against employees or members of staff?
,	1.5	Has your agency already supplied the Ombudsman with a copy of the most current policies or procedures? ☐ No
		If the agency has not already supplied the Ombudsman with a copy of the most current policies or procedures, please attach.
	1.6	Total number paid employees (include part-time/casual): 2500
•	1.7	Percentage in child-related employment:
2.	Head	d of agency details
•	2.1	Head of agency name: Mr Michael McDonald
	2.2	Position title: Executive Director
	2.3	Address (Agency address: not a home address): 133 Liverpool Street, Sydney
	2.4	Telephone: (02) 9390 5255 Fax: (02) 9267 4559
	2.5	E-mail:
		Signature: Date:
		If another officer of the agency is preferred as the contact for any further inquiries in relation to this notification from the Ombudsman, please also provide their details below. Unless other arrangements have been made, formal correspondence from the Ombudsman will be addressed to the nominated head of agency.
	2.6	Contact officer name:
	2.7	Position title:
	2.8	Address:
	2.9	Telephone: Fax:
	2.10	E-mail:
		Please identify the person in your agency who is responsible for investigating the reportable allegation(s) or who is responsible for liaison with any other agency that may be investigating the reportable allegation(s):
	2.11	Investigating officer:
	2.12	Position title:
	2.13	Address:
	2.14	Telephone:
	2.15	Does this notification relate to any other notification(s) you have made to the Ombudsman? If yes, provide the Ombudsman reference number(s) or other identifying details:

Deta	ils of the person against whom the allegation has been made
3.1	Does this notification contain allegations of reportable conduct against more than one employee?
3.1a	If yes, how many? (Please copy this page for each employee)
3.2	Family name: FLETCHER
3.3	Given names: JAMES
3.4	Sex: MALE
3.5	Date of birth: 20 . 11 . 1941 Place of birth: SCCNE . NS. W.
3.6	Home address: 81 CREBERT ST, MAYFIELD NSW
3.7	Home phone: 02 4967 4216
3.8	Position title at time allegation made: STOCD DOWN FROM MINISTRY AS PRIEST.
3.9	Employee identification number (if relevant): N/A
3.10	Current employment status with agency (tick all applicable):
•	Permanent Casual
	☐ Part-time ☐ Contractor
	☐ Foster carer ☐ Volunteer
	☐ Other (state)
3.11	Current work address:
3.12	Work phone: N/A
3.13	Is the employee aware that a reportable allegation has been made against them?
	Yes No Unknown
3.13a	If yes, who informed the employee: AWARE OF PREVIOUS ALLEGATIONS BU UNAWARE OF LATEST ALLEGATION
	Your agency (name of person):
	Another agency (state which):
	Other (describe):
•	Unknown:
	Date informed:
3.13b	Is the employee aware of:
•	Full details of the reportable allegation?
	Type of reportable conduct or broad nature only?
	Only that there has been a reportable allegation, not the type? UNAWARE OF LATEST ALLEGAT.
3.14	Has counselling or other support been offered/provided to the employee?
	☐ Yes ☐ No ☐ Unknown
3.15	If yes, what kind?
3.16	If no, why not? WHILE INVESTIGATIONS BY TCLICE ARE PROCEEDING, HE WISHES TO DEFER COUNSELLING.

Notification Form - Part A

4.

	Detai	ils of the alleged victim(s)	UNKA	שושטטעוש	
	4.1	Does this notification contain allegations of reportable coperson?	nduct upon more	than one child or youn	
	4.1a	If yes, how many? (Please copy and complete	e this page for ea	ach child)	
	4.2	Family name:			
	4.3	Given names:	•		
	4.4	Sex:	•		· - · ·
	4.5	Date of birth or current age:			
	4.6	Age of the child at the time of the alleged reportable cond	luct (if different fro	om above):	
	4.7	Is the child:			
		Aboriginal?	☐ Yes	□ No	☐ Unknown
		Torres Strait Islander?	☐ Yes	□ No	☐ Unknown
	1	From a non-English speaking background?	☐ Yes	□ No	Unknown
	4.8	Does the child have a disability or disorder?	☐ Yes	□ No	Unknown
	4.8a	If yes, (tick all relevant and describe):			·
		☐ Intellectual			
		☐ Physical			
		☐ Sensory			
		Behavioural			
		☐ Other			
	4.9	Home address:			
	4.10	Home phone:			
	4.11	Is the child a state ward?	☐ Yes	□ No	Unknown
	4.12	Are the child's parents or guardians aware of the allegation Yes	ns?	☐ Unknown	☐ Not applicable
	4.12a	If not, why not?	•	·	
	4.12b	If yes, who informed them?			
		☐ Child			
•		Your agency (name of person):			
		☐ Uŋknown			
	٠	Date informed:	•		•
	4.13	Has counselling or other support been offered/provided to	the alleged victim Yes	? No	
	4.13a	If yes, what kind?	•		
	4.13b	If no, why not?		•	•
	. /		-		
	f				
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5.

Deta	ils of the allegation(s)
5.1	Does this notification concern more than one incident* of reportable conduct?
5.1a	If yes, now many?
	*Note: Please use this page for the primary or most serious incident and copy for additional incidents.
5.2	Date of alleged incident: APRICAIMATELY BETWEEN 1974 - 1977
5.3	Location of alleged incident: ပညာလုပ်ပည်းရှိ
5.4	Description of reportable allegation (attach documentation where available): ALLEGATION MADE TO POLICE (DET. SEARGENT PETER FOR MAITMAND POLICE)
5.5	Type of reportable conduct alleged (tick all relevant to incident described above)
	Physical assault Hitting/kicking Shaking/throwing Pushing/shoving/grabbing/pinching/poking Inappropriate restraint/excess force Indirect use of object/substance/threat Neglect Clothing/food Medical care Shelter Supervision Environment not supportive
	Sexual misconduct Exploitation: non physical Deliberate exposure to sexual behaviour/sexual molestation) exhibitionism/exploitation/pornography Child Pornography Obscene language/gestures Harassment (inappropriate words/gestures/correspondence)
	Psychological harm* Persistent hostility/rejection Exposure to violence (including domestic violence) Scapegoating Humiliation/belittling
,	*Note: There must be a claim of related harm to the child that was alleged to have been caused by the employee. See 3.5.7 in the Ombudsman guidelines for more information about this definition. Note: For more information about definitions of reportable allegations see 3.5 of the guidelines.
	Misconduct which may involve reportable conduct Unwarranted/inappropriate touching (not indecent) Inappropriate relationship with child (not sexual) Inappropriate comments/jokes of a sexual nature Other
5.6	Date your agency became aware of the allegation(s): 17.8.200 f
5.7	Name of person initially informed: MICHAEL MC DONALL
5.8	Position title and location: CEO OF CATHOLIC COMMISSION FOR EMPLOYMENT RELATIONS

Notification Form - Part A

6.

Inter	IM Action taken or proposed in respect of the reportable allegation(s)
6.1	Has DoCS been informed by your agency? ☐ Yes ☑ No ☐ Unknown ☐ Not applicable
6.1a	Date of report to DoCS:
6.2	Is DoCS investigating this reportable allegation?
6.2a	If yes, name of DoCS Officer:
6.2b	Which Community Service Centre or Joint Investigation Response Team?
6.2c	Contact number (if known):
6.3	Have the police been informed? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable
6.3a	Are the police investigating this reportable allegation?
6.3b	If yes, name of police officer: PETER FOX
6.4	Which police station or Local Area Command? MAITLAND PCLICE
6.4a	Contact number (if known): C2 McBiLE
6.5	Have prior reportable allegations been made against the employee? ☐ Yes ☐ No ☐ Unknown
6.5a	If yes, when was the most recent? Within 2 yrs 2-5 yrs ago More than 5 yrs ago
6.5b	What was the result or finding of the investigation into the prior allegation(s)?
:	□ False □ Vexatious □ Misconceived STILL UNDER INVESTIBATION □ Allegation sustained □ Not sustained – insufficient evidence □ Not reportable conduct
6.6	What action has been taken or is proposed by the agency in respect of the employee pending completion of investigation?
	No action (state why) Increased supervision (describe) Restriction on current duties (specify) Transferred to alternate duties (specify) Suspended with pay Suspended without pay Not re-engaged Not relevant as matter finalised
6.6a	Is this standard procedure when responding to allegations of a child protection nature made against your employees? Yes \(\Bar\) No \(\Bar\) Unknown \(\Bar\) Not applicable

INITIAL RISK ASSESSMENT (please tick relevant box)
☐ Unsure/Not Notifiable and no identifiable risk to children ☐ Notifiable to Ombudsman but no identifiable risk to children ☑ Notifiable to Ombudsman and possible risk to children ☑ Higher level risk - withdrawal from worksite considered
F. REASONS FOR INITIAL RISK ASSESSMENT (Consider; nature and seriousness of allegation(s); vulnerability of child(ren); nature of employee's position and level of supervision; employee's disciplinary history; employee's safety or particular vulnerability; potential risks to proper conduct of the investigation.)
(a) Initial risk assessment re. appropriateness of employee remaining in workplace pending enquiries
(provide reasons for risk assessment) EMPLOYEE WITHDRAWIN FROM WIRKS ITE BECAUSE IF PREVIOUS AL
(b) If the employee is to remain in the workplace pending enquiries, are additional supports required? If so, indicate how these will be provided?
NIA
(c) Action to be taken to ensure the wellbeing of the child(ren) during the investigation of the allegation
EMPLOYEE ADVISED TO HAVE NO GONTACT WITH CHILDREN
DRAFT INVESTIGATION PLAN (continue on additional page if necessary)
(a) Factual particulars of the allegation (what is alleged?)
UNKNOWN TO ME
(b) Investigation objectives (what needs to be clarified / established?)
(c) Seek documentation regarding the making of the allegation (from whom?)
(d) Who should be interviewed? (identify witnesses; seek appropriate consents; consider carefully interviews with children and ensure proper support if interviewed)
(e) Possible timeframe for the conduct of interviews / gathering of information
SUBJECT TO POLICE INVESTIGATION
SUBJECT TO VULICE INVESTIGATION