

## DIOCESE OF MAITLAND-NEWCASTLE



CHANCERY OFFICE  
841 Hunter Street  
Newcastle West NSW

Postal: P.O. Box 780  
Newcastle NSW 2300  
Australia

Phone: (02) 4979 1100  
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## Fax Message

<b>TO:</b> CATHOLIC COMMISSION FOR EMPLOYMENT RELATIONS <b>FAX NO:</b> 02 9267 4559	<b>ATTENTION:</b> MR MICHAEL Mc DONALD
<b>FROM:</b> BISHOP MICHAEL MALONE	
<b>DATE:</b> 27. 4. 04	<b>No. of PAGES:</b> 3

Dear Michael,

Please find herewith  
informative details about a new  
allegation against Jim Fletcher.

Best wishes,

+ Michael Malone

# CHILD PROTECTION INFORMATION DETAILS

## OMBUDSMAN ACT 1974

### STRICTLY PRIVATE & CONFIDENTIAL

#### SECTION A - To be completed by the Manager of Service

- SUBJECT OF ALLEGATION/~~POSSIBLE ALLEGATION~~  
 Full Name JAMES PATRICK FLETCHER Birth Date 20.11.47  
 Position PRIEST Gender MALE
- ~~CHILD~~/YOUNG PERSON  
 Full Name AB Birth Date 30YRS OF AGE  
 Student Registration Number N/A Class/Grade N/A Gender MALE
- FULL NAME of SERVICE DIOCESE OF MAITLAND-NEWCASTLE
- ALLEGATION MADE BY AB Date 26.4.04
- ALLEGATION DETAILS (precise details)  
 Date of Incident \_\_\_\_\_ Date of Allegation 21 YEARS AGO  
 Location of Incident MAITLAND ARCH  
 Allegation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### To be completed by the Manager of Service

- CLASS OR KIND DETERMINATION  
 Is Allegation Class or Kind (Yes/No) \_\_\_\_\_ No  
 Reason for Decision \_\_\_\_\_  
 \_\_\_\_\_

#### 2. CONTACT DETAILS

MANAGER OF SERVICE	CONTACT PERSON
Name	Name
Tel	Tel
Fax	Fax
E-mail	E-mail

- ACTION TAKEN (please tick all relevant boxes)  
 Notified Director/Chief Executive Officer     Notified Department of Community Services  
 Other Action - please specify  
MATTER REPORTED TO POLICE BY  
REV GLEN WARSH ON 27.4.04  
 Name \_\_\_\_\_ Position Bishop  
 Signature [Signature] Date 27.4.04

NOTE: It is important that you fax this Document to ..... at the ..... Office  
 [Fax No (02) .....] within 24 Hours of receiving the Allegation

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

- 1. 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

2. DETAILS AT HEAD OFFICE  
 Contact Person Stuart MALONE Contact Number 02 4979 1111  
 Signed [Signature] Date 27 4 04

1. 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)**

Fr Fletcher has been removed from all active ministry and ...

**(b) If the employee is to remain in the workplace pending enquiries, are additional supports required? If so, indicate how these will be provided?**

Not applicable

**(c) Action to be taken to ensure the wellbeing of the child(ren) during the investigation of the allegation**

??? - counselling etc needs to be offered

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**SECTION C**

2. DRAFT INVESTIGATION PLAN (continue on additional page if necessary)

**(a) Factual particulars of the allegation (what is alleged?)**

**(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**

The allegation is currently with the Police (as of 27 April 2004). The Ombudsman investigation is unable to be commenced 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	03	OK 0000

# Notification Form - Part A

## 1. Details of Agency

- 1.1 Name of agency: **DIocese of Maitland - Newcastle** Your case/ref number: **F2**
- 1.2 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, AGED CARE WELFARE SERVICES**
- 1.4 Does your agency have a policy or procedures specifically relating to allegations of reportable conduct against employees or members of staff?  Yes  No
- 1.5 Has your agency already supplied the Ombudsman with a copy of the most current policies or procedures?  Yes  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: **50%**

## 2. Head 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:

Notification Form - Part A

3. Details 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?  Yes  No

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: SCONE N.S.W.

3.6 Home address: 81 CREBERT ST, MAYFIELD N.S.W.

3.7 Home phone: 02 4967 4216

3.8 Position title at time allegation made: STOOD 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: N/A

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 BUT 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 ALLEGATION

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 POLICE ARE PROCEEDING, HE WISHES TO DEFER COUNSELLING.

Notification Form - Part A

4. Details of the alleged victim(s)

UNKNOWN

- 4.1 Does this notification contain allegations of reportable conduct upon more than one child or young person?  Yes  No
- 4.1a If yes, how many? (Please copy and complete this page for each 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 conduct (if different from above):
- 4.7 Is the child:
  - Aboriginal?  Yes  No  Unknown
  - Torres Strait Islander?  Yes  No  Unknown
  - 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 allegations?  Yes  No  Unknown  Not applicable
- 4.12a If not, why not?
- 4.12b If yes, who informed them?
  - Child
  - Your agency (name of person):
  - Unknown
- 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?

Notification Form - Part A

5. Details of the allegation(s)

5.1 Does this notification concern more than one incident\* of reportable conduct?  
 Yes  No **UNKNOWN**

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: **APPROXIMATELY BETWEEN 1974 - 1977**

5.3 Location of alleged incident: **UNKNOWN**

5.4 Description of reportable allegation (attach documentation where available):  
**ALLEGATION MADE TO POLICE (DET. SERGEANT PETER F OF MAITLAND 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)

**Sexual offence**

- Assault (indecent/touching)
- Penetration/intercourse

**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. 2004**

5.7 Name of person initially informed: **MICHAEL MCDONALD**

5.8 Position title and location: **CEO OF CATHOLIC COMMISSION FOR EMPLOYMENT RELATIONS**



Notification Form - Part A

6. Interim 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?  Yes  No  Unknown

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?  Yes  No  Unknown

6.3b If yes, name of police officer: PETER FOX

6.4 Which police station or Local Area Command? MAITLAND POLICE

6.4a Contact number (if known): 02 MOBILE

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
- Allegation sustained
- Not sustained - insufficient evidence
- Not reportable conduct

STILL UNDER INVESTIGATION

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  No  Unknown  Not applicable

Notification Form - Part A

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

I. 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 WITHDRAWN FROM WORKSITE BECAUSE OF PREVIOUS ALLEGATION

(b) If the employee is to remain in the workplace pending enquiries, are additional supports required? If so, indicate how these will be provided?

N/A

(c) Action to be taken to ensure the wellbeing of the child(ren) during the investigation of the allegation

EMPLOYEE ADVISED TO HAVE NO CONTACT 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