

Report of Suspected Incident of Child Abuse

1. Name or worker (paid or volunteer) observing or receiving disclosure of child abuse: _____

2. Victim's name: _____

3. Age: _____ Birth date: _____

4. Date/Place of initial conversation with/report from victim: _____

5. Victim's statement – Detailed summary: _____

6. Name of person accused of abuse: _____

7. Relationship of accused to victim (paid staff, volunteer, family member, other) _____

8. Date and time of report to pastor: _____

9. Reporter: _____

10. Summary: _____

11. Date of call to victim's parent/guardian: _____

12. Person placing call: _____

13. Spoke with: _____

14. Summary: _____

15. Person placing call to child and family service agency :

16. Date and time of call: _____

17. Spoke with: _____

18. Summary: _____

19. Person placing call to local law enforcement agency: _____

20. Date and time of call: _____

21 Spoke with: _____

22. Summary: _____

23. Other contacts: _____

Signature

Date