

Report of Suspected Incident of Child Abuse

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

2. Victim's Name: _____

3. Victim's Age/Date of Birth: _____

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

5. Victim's Statement (give your detailed summary here):

6. Name of person accused of abuse: _____

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

8. Reported to pastor: _____

Date and time reported to pastor: _____

9. Summary of report:

10. Call to victim's parent/guardian: _____

Date/time of call: _____

Spoke with: _____

11. Summary of call:

12. Call to local children and family service agency: _____

Date/time: _____

Spoke with: _____

13. Summary of call:

14. Call to local law enforcement agency: _____

Date/time: _____

Spoke with: _____

15. Summary of call:

16. Other contacts: _____

Name: _____

Date/time: _____

17. Summary:

Signature of Applicant Date