

Incident Report – Response Team (Summary)

St. Paul Lutheran Church, Mount Vernon, Iowa

(To be completed by Response Team Coordinator following an incident)

Date of initial report: ____/____/____ Time of initial report: ____AM PM

Report received from: Victim Accused Reporting Party Other: _____

Response Team Coordinator: _____

Victim

Name: _____ Birthday: ____/____/____/ Sex: M F

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Phone (W): _____

Other household members: _____ Relationship: _____

Other household members: _____ Relationship: _____

Other household members: _____ Relationship: _____

Alleged Abuser

Name: _____ Birthday: ____/____/____/ Sex: M F

Title/Position: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Phone (W): _____

Relationship to victim: _____

Witness Information (if any)

Name: _____ Birthday: ____/____/____/ Sex: M F

Phone (H): _____ Phone (W): _____

