

Report of Suspected Incident of Abuse



1. Name of worker observing or receiving disclosure of abuse: _____

2. Victim's Name: _____

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

4. Victim's Statement (detailed summary here): _____

5. Name of person accused of abuse: _____

6. Reported to Pastor: _____

Date/Time: _____

Summary: _____

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

Date/Time: _____

Spoke with: _____

Summary: _____

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

Date/Time: _____

Spoke with: _____

Summary: _____

9. Call to local law enforcement: _____

Date/Time: _____

Spoke with: _____

Summary: _____

10. Other Contacts: _____

Date/Time: _____

Spoke with: _____

Summary: _____

All information contained within this report is confidential. By signing below you agree to keep this information confidential and are aware that you may be contacted by the authorities for further information.

Signature of Incident Reporter

Date