



Child or Vulnerable Adult Abuse Report

This form is to report suspected abuse of a child or vulnerable adult and must be completed and emailed to the departmental Pastor within 24 hours of the discovery of the suspected abuse.

Reporting person: _____ Phone: _____

Type of incident: _____ Campus: _____

Name of suspected abuse victim: _____ Age: _____

Date you became aware of suspected abuse: _____

If victim is under 18, list the parent(s) name: _____

Explain the reason you suspect the person has been abused: _____

Is there physical or verbal evidence? Yes ☐ No ☐ If yes, describe:

Reporting person signature: _____ Date: _____

Departmental Pastor: _____ Date: _____



Child or Vulnerable Adult Abuse Follow-Up Report

Suspected Victim Name: _____ Age: _____

Suspected Abuser Name: _____

Is the suspected abuse supported by reasonable belief or evidence? Yes ☐ No ☐

Has the suspected abuse been reported to Police: Yes ☐ No ☐ If yes, what Police

Department was it filed with? _____

If yes, what is the report number? _____

Person filing the police report: _____ Date of report: _____

How long has the suspected victim been associated with Freedom Church? _____

Has any more information been revealed since this report was filed? Yes ☐ No ☐

If so, list the other information and the name of the person providing the information:

Is there a relationship between Highlands and the suspected abuser? _____

If so, what is the relationship? Member ☐ Employee ☐ Visitor ☐ Volunteer ☐ Unknown ☐

Is the suspect aware of the abuse revelation? Yes ☐ No ☐ Unknown ☐

Any information that is revealed must be reported to the authorities if it is determined there is reasonable belief or physical evidence the abuse occurred.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____