

Appendix D

REPORT OF SUSPECTED INCIDENT OF ABUSE

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

2. Victim's name: _____
Victim's age/date of birth: _____
3. Date/place of initial conversation with/report from victim: _____

4. Victim's statement (give a detailed summary here):

5. Name of person accused of abuse: _____
Relationship of accused to victim (paid staff, volunteer, family member, other): _____

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 agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

10. Other contacts: _____

Date/time: _____

Spoke with: _____

Summary: _____

Signature(s) of Person(s) Making the Report

Date