



REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

It is imperative that the person completing this form be familiar with the state law reporting requirements before taking any action or completing this report

Name or worker observing/receiving disclosure of abuse: _____

Address: _____ Phone #: _____

Victim's name: _____

Victim's Age/Date of Birth: _____

Date/Place of witnessed activity or initial conversation with victim: _____

Victim's statement: _____

Name of person accused of abuse: _____

Relationship of accused to victim: _____

Name of Pastor/Ministry Supervisor to whom you reported: _____

Date/time: _____

Summary: _____

The following should be completed by the Pastor/Ministry Supervisor in charge:

Name of parent/guardian to whom reported: _____

Date/Time: _____

Summary: _____

- Call to Department of Family and Children Services

Spoke with: _____

Date/Time: _____

Summary: _____

- Call to Local Law Enforcement

Spoke with: _____

Date/Time: _____

Summary: _____

Other contacts/Action Taken

Signature

Date

Once this form is completed, please submit the form to the Pastor/Ministry Supervisor in charge. A copy of this report will be kept on file in the Simpsonwood United Methodist Church main office.