



Report of Suspected Abuse Form

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

_____ Phone Number: _____

Victim's Name: _____

Victim's Age/Date of Birth: _____

Date and Place of Initial Conversation with or Report from Victim:

Victim's Statement (give detailed summary):

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Name of Person Accused of Abuse: _____

Relationship of Accused to Victim: _____

Reported to Pastor By: _____

Date/Time: _____

Summary: _____

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Call to Victim's Parent/Guardian By: _____

Date/Time: _____

Spoke With: _____

Summary: _____

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Call to Local Children and Family Service Agency By: _____

Date/Time: _____

Spoke With: _____

Summary: _____

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Call to Local Law Enforcement Agency By: _____

Date/Time: _____

Spoke With: _____

Summary: _____

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Other Contacts: _____

Date/Time: _____

Summary: _____

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Signature of Applicant

Date

Signature of Ministry Staff

Date

Signature of Senior Pastor

Date