

Report of Suspected Incident of Abuse

Complete report in ink or type.

Church Name: _____

Address _____

City _____ State _____ Zip _____

Church Phone _____ Pastor: _____

1. Name of Worker (paid or unpaid) observing or receiving disclosure of child abuse

2. Victim's: Name _____ Age _____ Victim's Date of Birth _____

3. Date/location of initial conversation with/report from victim

4. Victim's statement (*provide a detailed summary*)

5. Name of person accused of abuse _____

6. Relationship of accused to the victim (paid staff, volunteer, family member, other) _____

7. Reported to the Pastor on (*Date/ Time*): _____

Summary _____

8. Call to victim's parent /guardian on (*Date/Time*): _____ Spoke with: _____

Summary _____

9. Reported to Child Protective Services for Ohio Health and Family Services on (Date/Time): _____

Mandatory Reporter Name _____ Witness Name _____

Spoke with _____

Summary _____

10. Call to local law enforcement agency on (Date/Time): _____ Spoke with: _____

Summary _____

11. Other contacts:

(Date/Time): _____ Spoke with: _____

Summary _____

(Date/Time): _____ Spoke with: _____

Summary _____

(Date/Time): _____ Spoke with: _____

Summary _____

Signature of Incident Reporter

Date