

SUSPECTED CHILD ABUSE INCIDENT REPORT
Epworth United Methodist Church, 4241 Arno Road, Franklin, TN 37064

This form is to be completed by the person observing or receiving disclosure of child abuse.

PLEASE PRINT

Name of worker observing /receiving disclosure of child abuse: _____

Position of worker observing /receiving disclosure of child abuse: _____

Victim's name: _____ Age: _____ Date of Birth: ___ / ___ / ___ M / F

Date/Place of initial conversation with/report from victim: ___ / ___ / ___ _____

Victim's statement-Detailed summary: _____

Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other): _____

Date and time of report to pastor: ___ / ___ / ___ _____ a.m. / p.m.

Pastor's Name: _____ Reporter: _____

Summary: _____

Date and time of call to victim's parent/guardian: ___ / ___ / ___ _____ a.m. / p.m.

Person placing call: _____ Spoke with: _____

Summary: _____

Signature of Person filing report: _____ Date: ___ / ___ / ___

Please return completed form to the Church Administrator