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The people of The United Methodist Church®

Report For Suspected Sexual or Physical Abuse

This form is to be completed by an adult supervisor whenever an incident occurs. Please copy this form to the Pastor or Child Protection Policy Coordinator (Kathy Shields) parent or guardian (if the abuse is not suspected by the Pastor/Coordinator or parent/guardian), and the Church file.

Name of person completing report: _____

Child's name: _____ Age: _____

Date, time & location of incident: _____

Victim's description of the incident, (date, time & location): _____

Notes on conversation: _____

Name of person accused of abuse: _____

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

Pastor spoken to, (date & time): _____

Notes on conversation: _____

Parent/Guardian spoken to, (date & time): _____

Notes on conversation: _____

Children's services office contacted, (date & time): _____

Notes on conversation: _____

Law Enforcement Agency incident reported to: _____
(date & time of conversation) _____

Notes on conversation: _____

Follow-up Required:
