

**INCIDENT REPORT OF SUSPECTED ABUSE
Cornerstone United Methodist Church**

1. Name of Worker (paid or volunteer) observing or receiving disclosure of suspected abuse of preschooler, child, youth, or vulnerable adult _____.

2. Suspected victim's name: _____.

Suspected victim's age / date of birth:_____.

3. Date / Place of initial conversation with / report from suspected victim:_____.

4. Suspected victim's statement (give a detailed summary here) :

_____.

5. Name of person (s) accused of abuse:_____.

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

6. Reported to Pastor:

Date / time: _____

Summary: _____

_____.

7. Call to suspected victim's parent / guardian : _____.

Date / time : _____.

Spoke with : _____.

Summary :

_____.

8. Call to local children and family service agency : _____.

Date / time: _____.

Spoke with : _____.

Summary :

9. Call to local law enforcement agency :

Date / time :

Spoke with :

Summary :

10. Other contacts :

Name :

Date / time :

Summary :

Signature of Person Making the Report

Date