

REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

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

2. Victim's name: _____

Victim's age: _____ Victim's date of birth: _____

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

4. Victim's statement (give your detailed summary here): _____

5. Name of person accused of abuse: _____

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

6. Name of person who reported incident to pastor: _____

Date/time of report: _____

Spoke with: _____

Summary: _____

7. Name of person who called victim's parent/guardian: _____

Date/time of call: _____

Spoke with: _____

Summary: _____

8. Name of person who reported incident to County DSS:

Date/time of report: _____

Spoke with: _____

Summary: _____

9. If County DSS was not available, name of person who reported incident to Sheriff's

Office: _____

Date/time of report: _____

Spoke with: _____

Summary: _____

10. Other contacts: _____

Name: _____

Date/time of call: _____

Summary: _____

Other persons required to receive incident report:

1. Person who reported incident to church attorney: _____
2. Person who reported incident to church insurance company: _____
3. Person who reported incident to district superintendent: _____
4. Person who filed report with The North Carolina Conference Office of the Bishop:

Signature of Incident Reporter Date