

**REPORT OF SUSPECTED INCIDENT OF CHILD,
YOUTH, OR VULNERABLE ADULT ABUSE**

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

2. Victim's Name: _____ Age/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. Reported to Pastor (Date/time): _____

Summary: _____

7. Call to victim's parent/guardian (date/time): _____

Spoke with: _____

Appendix G

Summary: _____

8. Call to local children, family, or area on aging 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: _____

X _____

Signature of Incident Reporter

Date