

## Form 18 - Suspected Child Abuse Incident Report For Internal Church Use

Date of Report: \_\_\_\_\_

Person Making Report: \_\_\_\_\_

Approved Adult    Employee    Other \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Name of Child/Youth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:    M    F

Parent/Guardian of Child/Youth: \_\_\_\_\_

Address: \_\_\_\_\_    Unknown

**Describe the circumstances under which you became aware of possible abuse. State the names of any persons who witnessed abuse or reported this you:**

\_\_\_\_\_  
\_\_\_\_\_

**Describe any injuries you observed:** \_\_\_\_\_

**Does child appear to need immediate medical attention?**    Yes    No    Unknown

**Does child appear to be fearful, suicidal or withdrawn?**    Yes    No    Unknown

**Approximate date of last known incident of abuse:** \_\_\_\_\_    Unknown

**Describe any physical, mental or behavioral factors that may place the child at risk:**

\_\_\_\_\_

**Did the abuse take place at the church or during a church-related activity?:**

Yes    No    Unknown   If yes, indicate activity \_\_\_\_\_

**Name of Alleged Perpetrator:** \_\_\_\_\_    Unknown

**Relationship to Child:** \_\_\_\_\_    Unknown

**Address:** \_\_\_\_\_    Unknown

**Describe the extent of alleged perpetrator(s) access to child:** \_\_\_\_\_

\_\_\_\_\_    Unknown

**Does this person have a history of violence, mental illness, or substance abuse?:**

Yes    No    Unknown

**If yes, please explain:** \_\_\_\_\_

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**For Internal Church Use**

Reported to Pastor or Safe Church or designee date/time: \_\_\_\_\_

Signature of person making this report: \_\_\_\_\_

- If you suspect (or observe) a child has been abused, you must report it immediately to the pastor or other Safe Church designee.
- If a child is injured or in imminent danger, call 911.

Signature of person receiving this report: \_\_\_\_\_

Date: \_\_\_\_\_