

# Report of Suspected Incident of Abuse

Name of youth worker (staff or volunteer) observing or receiving disclosure of abuse:

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Victim's Name: \_\_\_\_\_

Victim's Age/DOB: \_\_\_\_\_

Victim's Connection to Main St UMC: \_\_\_\_\_

Victim's Statement/Detailed Description of Observation:

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Name of Person Accused: \_\_\_\_\_

Relationship of Accused to Victim: \_\_\_\_\_

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## Report to Clergy

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

Name of Clergy: \_\_\_\_\_

Date/Time/Location of Conversation: \_\_\_\_\_

Summary: \_\_\_\_\_

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## Report to Parent/Guardian

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

Name of Parent/Guardian: \_\_\_\_\_

Date/Time/Location of Conversation: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Report to CPS/Family Services

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

Name of Social Worker: \_\_\_\_\_

Date/Time/Location of Conversation: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Report to Law Enforcement

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

Name of LEO: \_\_\_\_\_

Date/Time/Location of Conversation: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other Disclosures

Please list all other individuals who have been made aware of the accusations and/or incident, when they were informed, and why

Name: \_\_\_\_\_

Day/Time of Disclosure: \_\_\_\_\_

Reason for Disclosure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Day/Time of Disclosure: \_\_\_\_\_

Reason for Disclosure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Day/Time of Disclosure: \_\_\_\_\_

Reason for Disclosure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Incident Reporter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date