

Form E – Suspected Abuse Report

Date _____ Name of Victim _____

Age of Victim _____ Birthdate _____

Address _____

Postal Code _____ Phone Number _____

Parent/Guardian(s) Names _____

Siblings' Names _____

Name of Person Filing Report _____

Name of Pastor Receiving Report _____

Name of Social Worker or authorities _____ Phone Number(s) _____

Name of alleged perpetrator _____ Gender: M F

Relationship between suspected victim and alleged perpetrator _____

Nature of suspected abuse: physical sexual emotional neglect other _____

Indications of suspected abuse (including facts, physical signs and course of events)

Action taken (including date and time)

If a child is reporting:

What did the child say? (Give quotes where possible. Use back of document for additional information)

What was your response?

Signature _____

Printed Name _____ Date _____

Pastor's Signature _____

Printed Name _____ Date _____

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept STRICTLY CONFIDENTIAL.