

**REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE  
(NAME OF CHURCH/ORGANIZATION)**

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

\_\_\_\_\_

**Victim's name:** \_\_\_\_\_

**Victim's age/date of birth:** \_\_\_\_\_

**Date/place of initial conversation with/report from victim:** \_\_\_\_\_

\_\_\_\_\_

**Name and Address of Person Responsible for care, custody, or welfare of child/youth:** \_\_\_\_\_

**Victim's statement (detailed summary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of person accused of abuse:** \_\_\_\_\_

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

\_\_\_\_\_

**Reported to pastor:** \_\_\_\_\_

**Date/Time** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Reported to North Alabama Conference Representative:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Call to victim's parent/guardian:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Spoke with:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Call to local children and family service agency:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Spoke with/Title:** \_\_\_\_\_

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

\_\_\_\_\_

**Call to local law enforcement agency:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Spoke with/Title:** \_\_\_\_\_

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

\_\_\_\_\_

**Other contacts:**

**Name/Title:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

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

\_\_\_\_\_

**Report submitted by/Title:** \_\_\_\_\_

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**Signature of Applicant**

**Date**