

REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

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

2. Victim's name: _____
Victim's 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: _____
Summary: _____

8. Call to local children and family service 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: _____

Signature of Applicant

Date

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