

Incident Report Form for Yorkminster Presbyterian Church

Please print all information

Date of Incident: _____ **Time of Incident:** _____

Name of child/student injured: _____ **Age:** _____

Address of child/student: _____

Location of incident: _____

Parent or guardian: _____

Name of person(s) who witnessed the incident:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Describe incident: _____

Signature

Date Signed

**Report of Suspected/Alleged Incident of Child Abuse
Harlem United Methodist Church (Appendix B)**

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

2. Victim's name:

3. Victim's age / date of birth:

4. Date/Place of initial conversation with/report from victim:

5. Victim's Statement (give your detailed summary here) :

6. Name of person accused of abuse:

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

7. Reported to Senior Pastor :

Date/Time:

—

Summary:

8. Call to victims' parent/guardian:

Date/Time:

Spoke with:

Summary:

9. Call to local children and family service agency:

Date/Time:

Spoke with:

Summary:

10. Call to local law enforcement agency:

Date/Time:

Spoke with:

—

Summary:

—

11. Other contacts:

Name:

Date/Time:

—

Spoke with:

—

Summary:

—

Signature

Date Signed

Appendix C: Suspected Child Abuse Report Form

1. **Student Reported** _____

1. When Did This Incident Occur? _____

2. Name(s) of Alleged Maltreater(s) _____

3. Does Alleged Maltreater Live in the Home with the Child? _____

4. Does the Child Have Any Marks/Bruises? ___ Yes ___ No

If yes, where are the marks/bruises located? _____

If marks/bruises, were photographs taken? ___ Yes ___ No

Name and Position of Person Making Report

(Please Print)

Signature of Person Making Report _____

Date of Incident: _____ Time of Incident: _____

Name of child/student injured: _____ Age: _____

Address of child/student: _____

Location of incident: _____

Parent or guardian: _____

Name of person(s) who witnessed the incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe incident: _____

Signature

Date Signed

Report of Suspected/Alleged Incident of Child Abuse Harlem United Methodist Church (Appendix B)

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

2. Victim's name:

3. Victim's age / date of birth:

4. Date/Place of initial conversation with/report from victim:

5. Victim's Statement (give your detailed summary here) :

6. Name of person accused of abuse:

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

7. Reported to Senior Pastor :

Date/Time:

Summary:

8. Call to victims' parent/guardian:

Date/Time:

Spoke with:

Summary:

9. Call to local children and family service agency:

Date/Time:

Spoke with:

Summary:

10. Call to local law enforcement agency:

Date/Time: _____

Spoke with: _____

Summary: _____

11. Other contacts:

Name: _____

Date/Time: _____

Spoke with: _____

Summary: _____

Signature _____

Date Signed _____

APPENDIX C: SUSPECTED CHILD ABUSE REPORT FORM

1. Student Reported _____
2. Date Reported _____
3. Grade _____
4. Date of Birth _____
5. Name(s) of Parent(s)/Caretaker(s) _____
6. Student's Address _____

7. Home or Cell Phone _____
8. Work/Emergency Phone(s) _____
9. Siblings (List Grade, Age, and School) _____

10. Nature of Report: Physical Abuse Sexual Abuse Neglect
 Other _____

11. First Employee to Receive This Information _____

12. Name and Numbers of Other Person(s) Who Could Provide Information About Incident
Reported: _____

13. Detailed Description of Allegations Including Child's Statement _____

1. When Did This Incident Occur? _____
2. Name(s) of Alleged Maltreater(s) _____ **Safe Sanctuary Incident Report Forms**

Incident Report Form for Harlem UMC (Appendix A)

Please print all information

Date of Incident: _____ Time of Incident: _____
Name of child/student injured: _____ Age: _____
Address of child/student: _____
Location of incident: _____
Parent or guardian: _____
Name of person(s) who witnessed the incident:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Describe incident: _____

Signature Date Signed

Report of Suspected/Alleged Incident of Child Abuse Harlem United Methodist Church (Appendix B)

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse: _____
2. Victim's name: _____
3. Victim's age / date of birth: _____
4. Date/Place of initial conversation with/report from victim: _____
5. Victim's Statement (give your detailed summary here) :

6. Name of person accused of abuse: _____
Relationship of accused to victim (paid staff, volunteer, family member, other, etc.): _____
7. Reported to Senior Pastor : _____
Date/Time: _____
Summary: _____
8. Call to victims' parent/guardian: _____
Date/Time: _____
Spoke with: _____
Summary: _____
9. Call to local children and family service agency: _____
Date/Time: _____
Spoke with: _____
Summary: _____
10. Call to local law enforcement agency: _____
Date/Time: _____

Spoke with: _____
Summary: _____

11. Other contacts: _____
Name: _____
Date/Time: _____
Spoke with: _____
Summary: _____

Signature

Date Signed

Appendix C: Suspected Child Abuse Report Form

1. Student Reported _____
2. Date Reported _____
3. Grade _____
4. Date of Birth _____
5. Name(s) of Parent(s)/Caretaker(s) _____
6. Student's Address _____
7. Home or Cell Phone _____
8. Work/Emergency Phone(s) _____
9. Siblings (List Grade, Age, and School) _____

10. Nature of Report: Physical Abuse Sexual Abuse Neglect
 Other _____

11. First Employee to Receive This Information _____

12. Name and Numbers of Other Person(s) Who Could Provide Information About Incident
Reported: _____

13. Detailed Description of Allegations Including Child's Statement _____

1. When Did This Incident Occur? _____
2. Name(s) of Alleged Maltreater(s) _____
3. Does Alleged Maltreater Live in the Home with the Child? _____
4. Does the Child Have Any Marks/Bruises? Yes No
If yes, where are the marks/bruises located? _____
If marks/bruises, were photographs taken? Yes No

Name and Position of Person Making Report

(Please Print)
Signature of Person Making Report _____

3. Does Alleged Maltreater Live in the Home with the Child? _____
4. Does the Child Have Any Marks/Bruises? Yes No
If yes, where are the marks/bruises located? _____
If marks/bruises, were photographs taken? Yes No

Name and Position of Person Making Report

(Please Print)

Signature of Person Making Report _____