

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

* *This is a sample form. Please tailor your congregation's form to comply with the reporting requirements of the laws of your state and your congregation's policies.*

Note: It is imperative that the person filling out this report be familiar with the state law reporting requirements before taking any action or completing this report.

THESE FORMS WERE RESEARCHED AND DRAFTED BY:

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See People v Prominski (Mich App No. 309682, August 22, 2013) and MCL 722.633, 722.631, 722.623, 600.2156, and 767.5a.

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