

**Philadelphia United Methodist Church Safe Sanctuaries
Report of Suspected Incident of Child Abuse**

(Please Print all Information)

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, other): _____

6. Reported to Pastor (name): _____ Date/time: _____

Summary: _____

7. Call to victim's parent/guardian (name): _____

Date/time: _____ Spoke with: _____

Summary: _____

8. Call to local children and family service agency(name): _____
Date/time: _____ Spoke with: _____
Summary: _____

9. Call to local law enforcement agency (name): _____
Date/time: _____ Spoke with: _____
Summary: _____

10. Other Contacts: Name: _____
Date/time: _____
Summary: _____

Signature of Applicant

Date