

GLEN MAR UNITED METHODIST CHURCH
REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE/NEGLECT
DATE OF INCIDENT _____

1. Person (paid or volunteer) observing or receiving disclosure of child abuse/neglect.

- a. NAME _____
- b. POSITION _____
- c. HOME PHONE _____ CELL PHONE _____
- d. ADDRESS _____

2. Victim

- a. NAME _____
- b. AGE/DATE OF BIRTH _____
- c. PARENT/GUARDIAN _____
- d. LOCATION OF INCIDENT _____
- e. DESCRIPTION OF INCIDENT _____

3. Person Accused of Abuse or Neglect

- a. NAME _____
- b. RELATIONSHIP TO VICTIM _____

4. Reported to pastor: _____ Date/time: _____
Summary: _____

5. Call to victim's parent/guardian: _____ Date/time: _____
Spoke with: _____ Summary: _____

