

CONFIDENTIAL
Report of Suspected Incident of Child Abuse

This form is to be completed by the person reporting the incident.

Name of person observing or receiving disclosure of child abuse: _____

Child/Victim's Name: _____

Initial observation of, or conversation with, child/victim: Date _____

Place: _____

Your observations (give your detailed summary here, please be specific. Use back of form if needed):

Child/Victim's statement (give a detailed summary here. Use back of form if needed):

Name of person suspected of abusing the child: _____

Relationship to the child/victim (ie: paid staff, volunteer, family member, other): _____

Reported to Safe Church Team: Date _____ Time _____

Comments:

_____ I choose to remain anonymous regarding this incident.

THE ABOVE INFORMATION IS FREELY PROVIDED AND IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

A mandated reporter, per PA state law, must make an immediate and direct report of suspected child abuse to PA ChildLine either electronically at www.compass.state.pa.us/cwis or by calling 1-800-932-0313. After making the report to ChildLine, you are required to immediately notify and submit this form to the chair of the Safe Church Team or the CE Director.