

**REPORT FORM**  
**Suspected Child Abuse**

DATE \_\_\_\_\_

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Person Filing Report \_\_\_\_\_

Name of Person Receiving Report \_\_\_\_\_

Nature of Suspected Abuse: (Physical, Sexual, Emotional, Neglect) \_\_\_\_\_

\_\_\_\_\_

Indications of Suspected Abuse: (Including Facts, Physical Signs and Course of Events Where Necessary) \_\_\_\_\_

\_\_\_\_\_

Action Taken: (Including Date and Time) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept **STRICTLY CONFIDENTIAL**.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
(Person Reporting) (Pastor)