# Form for Report of Suspected Child Abuse (Internal Documentation)

***Confidential: Keep completed form in a locked file designated by your rector or person-in-charge.***

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| Your Information | Name: |  |
| Date of initial report: |   |
| Title/Position: |   |
| Supervisor: |   |
| Address: |   |
| Phone:  |   |
| Email:  |   |
| Information Regarding Suspected Victim(s): | Name: |   |
| Age: |   |
| Biological sex: |   |
| Address: |   |
| Telephone: |   |
| Relationship to the church: |   |
| Name of any other suspected victim (attach additional forms): |   |
| How did you become suspicious of possible abuse? |   |

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| Information about the Person Suspected of Child Abuse: | Name: |   |
| Address: |   |
| Telephone: |   |
| Relationship to the church, if any: |   |
| Confidential Details (Keep locked up) | Describe any physical evidence of suspected abuse: |   |
| Describe incidence details such as type, date(s), time(s), and location(s) of suspected abuse: |   |
| Witnesses (if any) | 1. Name/phone/age: |   |
| 1. Relationship to church, if any: |   |
| 2. Name/phone/age: |   |
| 2. Relationship to church, if any: |   |
| Reporting Details | To whom was the initial report made (name/title/phone): |   |
| What is their relationship to the church? |   |
| On what date was the suspected abuse reported to Child Protective Services? |   |
| Name of CPS worker who received the report: |   |
| If reported to police, what was the name of officer receiving report and the date? |   |
| Were the parents notified? Date and parent phone number: |   |
| Was suspected abuse reported to the Diocese, what date, and to whom was it reported? |   |
| Any other information which may be helpful to the investigation? |   |