

APPENDIX E

FIRST BROAD STREET UNITED METHODIST CHURCH

Report of Suspected Incident of Child Abuse

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 observation/conversation with/report from victim: _____

4. Observation/victim's statement (Give your detailed summary here): _____

5. Name of person accused of abuse: _____
Relationship of accused to victim (Paid Staff, Volunteer, Family Member, Other): _____

6. Reported to Senior Pastor, the Minister of Education/Programs or Business Administrator: _____

Date/time: _____
Summary: _____

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

8. Call to local children and family service agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

9. Call to local law enforcement agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

10. Other contacts: _____

Name: _____

Date/time: _____

Summary: _____

Signature Date

Note: It is imperative that the person filling out this report be familiar with the Tennessee law reporting requirements before taking any action or completing this report