

REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE
(Report MUST be typed or completed in ink)

1. Name of person observing or receiving disclosure of abuse of child:

2. Victim's name: _____

Victim's date of birth: ____/____/_____

3. Date of initial conversation with/report from victim: ____/____/_____

Location of initial conversation with/report from victim:

4. Name of person accused of abuse: _____

Relationship of accused to victim:

Paid Staff Volunteer Family Member Other: _____

5. Reported to a pastoral staff member (name): _____

Date: ____/____/_____ Time: _____

Summary of report: _____

6. Call to Cuyahoga County Children & Family Services (agent name): _____

Date: ____/____/_____ Time: _____

Summary of conversation: _____

7. Call to victim's parent or guardian (name): _____ Date: ____/____/____ Time: _____

Summary of conversation: _____

8. Call to church president (name): _____

Date: ____/____/____ Time: _____

Summary of conversation: _____

Name of person making report: _____

Signature of person making report: _____

Date: ____/____/____