

Shallowford Presbyterian Church
Alleged Abuse Report Form

WWW.SHALLOWFORD.ORG

REV 8/13/2014

for suspected instances of Child Abuse and Neglect

Name of adult in charge of program/event: _____

Name of person reporting alleged abuse: _____

Name of accused: _____

Date alleged abuse occurred: _____

Date alleged abuse reported: _____

Name of alleged victim: _____

Age: _____

Address: _____

Name of Parent/Guardian of alleged victim: _____

Statement of person reporting alleged abuse: Be as factual as possible with behavioral descriptions, exact statements by child and description of any injury. Use back of this form if necessary.

Check here if text on back

Signature: _____
(adult reporting incident)

Date: _____

Received by _____

Date: _____ Time: _____

1st Report Recipient _____

Date & Time _____

2nd Report Recipient _____

Date & Time _____

Others _____

Date & Time _____

Date & Time _____

Other actions taken: _____

Reported to DFCS by _____

Date & Time _____

Name of DFCS representative: _____

Reported to Local Law Enforcement Agency
by _____

Date & Time _____