

Incident Form – Confidential

For Suspected, Reported or Discovered Abuse or Violation of Safe Sanctuaries Policies & Procedures

To be completed by incident reporter & submitted to clergy

1. Name of worker (paid or volunteer) observing or receiving disclosure of abuse: _____

2. Victim's full name: _____
Victim's age: _____ Date of Birth: _____

3. Date and place of incident:
Date: _____ Place: _____

4. Victim's statement (give your detailed summary here, "tell me what happened"): _____

5. Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other): _____

6. Reported to Clergy (Name): _____
Date: _____ Time: _____

Summary by Clergy: _____

7. Call to Victim's Parent/Guardian:
Call Initiated by: _____
Date: _____ Time: _____
Spoke with: _____

Summary: _____

8. Call to local service agency:

Call Initiated by: _____

Date: _____ Time: _____

Spoke with: _____

Summary: _____

9. Call to local law enforcement agency: _____

Call Initiated by: _____

Date: _____ Time: _____

Spoke with: _____

Summary: _____

Signature of Incident Reporter: _____

Date: _____