

Child Abuse – Incident Report Form

Beulah Missionary Baptist Church

Youth Name:	Date of Incident:			
Youth Age:	Location of incident:			
Touri Age.	Education of meracite.			
Name of person accused of a	buse:			
Relationship of accused to ch	ild:			
Parent / Guardian Name: Telephone #:		Telephone #:		
Reason for report:				
Quote the child's first words verbatim:				
Quote the child's hist words verbatiin.				
Briefly describe what happened:				
What action did you take?				
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Has the incident been resolved? Yes □ No □ Explain				
Were there any witnesses? Yes \square No \square If yes, list their names and telephone #s below				
Name	Telephone #	Signature		
	-	-		
		-		



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Has the incident been reported to the DeKalb County Child Protective Service? Explain.				
Report completed by:	Date:			
Report submitted to Youth Minister:	Date:			
Report submitted to Family Life Center Dire	Date:			
Report submitted to Director of Risk Manag	Date:			
Report submitted to Church Counselor:	Date:			
Report submitted to HR / Business Adminis	Date:			
Report Notification Log				
To Counselor:	Ву:	Date:		
To Report submitted to Director of \qed	Ву:	Date:		
Risk Management:				
To Pastor:	By:	Date:		
To Patents / Guardian:	Ву:	Date:		
To DEFACS:	Ву:	Date:		
To local law enforcement:	Bv:	Date:		