



Child Abuse – Incident Report Form

Beulah Missionary Baptist Church

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 Director:		Date:	
Report submitted to Director of Risk Management:		Date:	
Report submitted to Church Counselor:		Date:	
Report submitted to HR / Business Administrator:		Date:	
<u>Report Notification Log</u>			
To Counselor:	<input type="checkbox"/>	By:	Date:
To Report submitted to Director of Risk Management:	<input type="checkbox"/>	By:	Date:
To Pastor:	<input type="checkbox"/>	By:	Date:
To Patents / Guardian:	<input type="checkbox"/>	By:	Date:
To DEFACS:	<input type="checkbox"/>	By:	Date:
To local law enforcement:	<input type="checkbox"/>	By:	Date: