



**Children's & Youth Ministries of
Community Bible Church**
1600 Main Street, P.O. Box 903
Stittsville, Ontario, K2S 1B1
Phone & fax: (613) 836-2606

FOLLOW-UP REPORT FORM – SUSPECTED CHILD ABUSE

Name of child: _____ Date: _____

Name of parents: _____ Phone number: _____

Address: _____

Name of person filing initial report: _____

Name of person receiving report: _____

Conclusions:

Action taken: _____ **Date:** _____ **Time:** _____

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept **STRICTLY CONFIDENTIAL**.

Signed: _____ Date: _____
(Pastor or Overseer)

Signed: _____ Date: _____
(Plan to Protect Coordinator)

Signed: _____ Date: _____
(Witness)