



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

## REPORT FORM - SUSPECTED CHILD ABUSE

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parents: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person filing the report: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Nature of suspected abuse:** \_\_\_\_\_

**Indications of suspected abuse:** (including facts, physical signs, date, time, and course of events)

**Action taken** when a child/youth is or may be in need of protection:

I have notified the Sr. Pastor: YES  Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have notified the Overseer: YES  Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have notified the insurance company: YES  Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have notified the children's aid: YES  Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have notified the police: YES  Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have notified the parents: YES  Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*\*Church officials must never interview the accused prior to consultation with police and children's aid.\*\*\***

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: \_\_\_\_\_  
(Person Reporting)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Plan to Protect Coordinator)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Pastor or Overseer)