



*Children's & Youth Ministries of
Community Bible Church*
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 Elder: 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 Elder)