



## **Asbury UMC Child & Youth Protection Policy Incident Reporting Form**

Use this form if you personally witness or have reason to believe a situation occurred. This includes a child reporting a situation to you. If another person reports second-hand information to you, THAT INDIVIDUAL must complete the following.

Name of worker (paid or volunteer) observing or receiving disclosure of suspected incident of risk or harm. \_\_\_\_\_

Name of child/youth at risk or harm. \_\_\_\_\_

Age and date of birth of child/youth if known. Use approximate age if not certain.

\_\_\_\_\_

Name of birth parents or guardians \_\_\_\_\_

their approximate age(s) \_\_\_\_\_ address \_\_\_\_\_

\_\_\_\_\_

Date and place of where incident was witnessed or disclosed to you.

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Place \_\_\_\_\_

\_\_\_\_\_

Did you witness the incident or was it reported to you? If reported to you, by whom? I witnessed the incident \_\_\_\_\_ Incident was reported to me by \_\_\_\_\_

\_\_\_\_\_

Give as many details as possible about what the child/youth told you or what you personally witnessed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE REVERSE SIDE**

Name of person(s) suspected of causing risk or harm to child/youth. \_\_\_\_\_

Relationship of person(s) suspected of causing risk or harm to child/youth (paid staff, volunteer, family member, other) \_\_\_\_\_

**Contact local police at 812-376-2600 or 911 if urgent:**

Date you called \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Time you called \_\_\_\_\_ AM or PM

Name of person you spoke with \_\_\_\_\_

**Contact Child Protective Services Hotline at 800-800-5556:**

Date you called \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Time you called \_\_\_\_\_ AM or PM

Name of person you spoke with \_\_\_\_\_

**Inform event leader if there is one:**

Date you informed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Time you informed \_\_\_\_\_ AM or PM

Name of person you informed \_\_\_\_\_

**Inform pastor:**

Date you informed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Time you informed \_\_\_\_\_ AM or PM

Name of pastor you informed \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.