

CROSSROADS CHURCH
CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS
APPENDIX F

SUSPECTED ABUSE OR NEGLECT REPORT

PRIVACY DISCLAIMER: This form should not be shared with co-workers or other volunteers. Submit this form to your immediate supervisor, law enforcement, or other reporting agency. Note that mandatory reporting laws may apply, and you may be required by law to report this information to local authorities.

YOUR INFORMATION

Name : _____

Title/Position: _____

Address:

Phone: _____

Supervisor: _____

INJURED PERSON

Name: _____

Age: _____ Date of Birth: _____

Address:

Phone: _____

Parents/guardians (if a minor):

SUSPECTED PERPETRATOR

Unknown / Known

Name: _____

Description:

Date: _____ Time: _____

Did you notify state/local authorities regarding suspected abuse/sexual misconduct?

Yes / No

If yes, list agency name: _____

Name of contact: _____

Phone: _____

Date: _____ Time: _____

Completed by: (Signature) _____

Date/Time: _____