

SUSPECTED INSTANCES OF CHILD ABUSE REPORT FORM

Section One

1. Date this report is being filed: ____/____/____ Time of Day: _____ AM PM

Information of items 2-6 can be from the alleged abused camper's registration form.

2. Victim's Name: _____ Male Female

3. Address: _____

City: _____ State: _____ Zip: _____

4. Home Phone: (____)_____

5. Victim's age: _____ 6. Date of Birth: ____/____/____

Section Two

1. The initial conversation with the victim disclosing the nature of the abuse took place with whom? (First Party)

Name: _____

Day Phone: (____)_____ Evening Phone: (____)_____

2. What is the relationship of the camper to the First Party to whom the initial conversation was reported?

Counselor Dean Nurse Other _____

3. Date the initial conversation took place: ____/____/____

4. Time of day the initial conversation took place: _____ AM PM

5. Name (s) of the accused: _____

6. What is the relationship of the accused to the abused child?

Parent Extended Family Member Volunteer Counselor/Dean

Brother / Sister

Other (describe): _____

7. What is the nature of the abuse? (check all that apply)

Sexual Physical Verbal/Emotional Neglect

(over please)

Section Three

Attach to this form a written statement by the First Party who received the initial report of the abuse. Have the person give complete details related to the nature and content of the conversation with the alleged abused child. Be sure the person writing this report signs and dates it. The information contained in this report may be critical evidence on behalf of the child, so all care must be taken to have the report both lucid and complete.

Section Four

1. Call to Child Protective Services (1-800-932-0313) made by:

Name of Site Manager: _____

2. Date: ____/____/____ Time of Day: _____ AM PM

3. Person at the agency with whom you spoke:

Name: _____

4. Notes from the conversation: _____

(Signature of Site Manager) _____ / ____ / ____
(Date)

(Signature of First Party) _____ / ____ / ____
(Date)