

**- Safe Sanctuaries Policy**

**Appendix H - Report of Suspected Incident of Child Abuse**  
(ONLY APPLIES TO INCIDENTS INVOLVING CHURCH-RELATED ACTIVITIES)

[Safe Sanctuaries Policy](#)

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse \_\_\_\_\_
2. Victim's name \_\_\_\_\_
3. Victim's age/date of birth \_\_\_\_\_
4. Date/place of initial observation/conversation with/report from the victim
5. Observation/victim's statement. (Give your detailed summary here)
6. Name of person accused of abuse
7. Relationship of accused to victim (paid staff, volunteer, family member, other)
8. Reported to Pastor or program leader
  - Date/time:
  - Summary

9. Call to victim's parent/guardian (if not involved in allegations of abuse)

- Date/time \_\_\_\_\_
- Spoke with \_\_\_\_\_
- Summary \_\_\_\_\_

10. Call to local authorities.

- Date/time \_\_\_\_\_
- Spoke with \_\_\_\_\_
- Summary \_\_\_\_\_

OR

11. Call to local law enforcement agency.

- Date/time \_\_\_\_\_
- Spoke with \_\_\_\_\_
- Summary \_\_\_\_\_

12. Other contacts (CAUTION: WE SHOULD BE VERY CAREFUL ABOUT WHO WE CONTACT - LEGAL IMMUNITY ONLY EXISTS WHEN REASONABLE SUSPICION OF ABUSE)

- Name \_\_\_\_\_
- Date/time \_\_\_\_\_
- Summary \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

**Note: Before taking any action or completing this report, it is imperative that the person filling out this report be familiar with Pennsylvania law reporting requirements, as well as legal liability for possible defamation and invasion of privacy lawsuits.**