



Churubusco United Methodist Church

750 N. Main Street

Churubusco, IN 46723

Ph # (260) 693-2154 / Fax # (260) 693-2155

SAFE SANCTUARY REPORT OF SUSPECTED INCIDENT OF ABUSE

(Please print all information)

1. Name of staff (paid or volunteer) observing or receiving disclosure of child abuse and/or harm to others: _____
2. Victim's name: _____
Victim's age/date of birth: _____
3. Date/place of initial conversation with/report from victim: _____

4. Victim's statement (give details here; record exact quotes): _____

5. Name of person accused of abuse: _____
Relationship of accused to victim (paid staff, volunteer, family member, other): _____

6. Call to local children and family service agency: (**Indiana Abuse and Neglect Hotline – 1-800-800-5556, www.IN.gov/DCS, Indiana Adult Protective Services Hotline – 1-800-992-6978**)
Date/time: _____
Spoke with: _____
Summary: _____

7. Call to local law enforcement agency: (**Call 911 or Whitley County Sheriff's Office Non-Emergency # 260-244-6410**)
Date / time: _____
Spoke with: _____
Summary: _____

8. Other contacts: _____

Name: _____

Date/time: _____

Summary: _____

9. Submit a copy of this report to the senior pastor within 24 hours (If senior pastor is not available, submit report to associate pastor or chair of staff parish) : _____

Date/time: _____

Summary: _____

10. **IF DIRECTED TO DO SO** call to victim's parent/guardian: _____

Date/time: _____

Spoke with: _____

Summary: _____

Signature of Incident Reporter

Date