Suspected Child Abuse Incident Report

CONFIDENTIAL

For internal church use at Community Mennonite Church of Lancaster

of

Date of Report to ChildLine	Oral or electronic report
	Person Making Report
Name of Child/Youth	Age Sex □ M □ F
Parent/Guardian of Child/Youth_	
Address	□ Unknown
any persons who witnessed abus you	er which you became aware of possible abuse. State the names e, or reported this to
Describe any injuries you observe	ed:
• •	ediate medical attention? Yes No Unknown Suicidal or withdrawn? Yes No Unknown
Approximate date of last know	n incident of abuse Unknown
Describe any physical, mental	or behavioral factors that may place the child at risk
	church or during a church-related activity? yes, indicate activity
Relationship to Child	□ Unknown □ Unknown □ Unknown
	perpetrator(s) access to child
□ Yes □ No □ Unknown	□ Unknown If violence, mental illness, or substance abuse?
Reported to Pastor or Director	date/time
Signature of person making thi	s renort

 If you are a mandated reporter, and you suspect (or observe) that a child has been abused, you must report it immediately to ChildLine, and then notify the Pastor or other CPC designee. If a child is injured or in imminent danger, call 911.
Signature of person receiving this report Date:
Comments:
Follow up
Document any action taken by church during course of CPS or Police investigation:
Results of DHS report provided on (Date)
Signature of person receiving the DHS results from the mandated reporter
Attach-mandated reporter's information from DHS concerning the determination of whether the child abuse report was unfounded, indicated or founded, and the services to be provided for the child.