

Abuse Response and Prevention Incident Form CONFIDENTIAL

| Report date: | Name of Person Reporting: |
|---|--|
| Position (i.g., Pastor, Teac | eher, Leader, etc.): |
| disclosed or alleged abuse Are you suspicious that th child has said something to | d here what the issue or concern is - i.e., has the child? Have you seen or been told about an incident of abuse? e child is being or has been abused in some way? If the o you, try to record what the child said in his or her words? e child said or about what you were told or what you |
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| Name of Child/Youth: | Age: |
| | RESPONSE TO INCIDENT |
| 1. Actions taken to | ensure immediate safety of child/youth, if any needed: |
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| 2. Report made to s | upervisor (e.g. Associate Pastor, Senior Pastor, etc.): |
| Report made by: | Report made to whom: |
| Position: | Date & Time of Report: |

| How was the report made? (e.g., by phone, in person, etc): |
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| 3. Incident reported to child protection authorities where required by law |
| Name of Agency Called: |
| Phone: Date & Time of Call: |
| Name of Person who Contacted: |
| Name(s) of Agency Staff Spoken to: |
| nformation/Instructions Received from Agency: |
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| 4. Follow-up Actions Taken (e.g., on instructions of supervisor, child protection authority staff, etc.) • |
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| • |
| To the best of my knowledge, this report is an accurate record of this incident and he action taken in immediate response. |
| Name and position of person making report (please print): |
| Phone/Address: |
| Signature of Person making report: |
| Date: |

Note: If this is an allegation of abuse, it must be reported to a protection agency or police. (See section on reporting procedure.)

Please email to tara@middlesackvillebaptist.org or middlesackville@eastlink.ca