

Mount Tabor United Methodist Church
3543 Robinhood Road
Winston Salem, NC 27106

Safe Sanctuaries Policies – July 2019

Report of Suspected Incident of Abuse

Individual Making Report:

Name: _____

Address (Not Post Office Box):

Phone: (Home) _____ (Work) _____

() *I have been made aware that I may contact the Department of Social Services in regards to this matter.*
Initials

Alleged Victim:

Name: _____

Address: _____

Phone: _____ Age/Grade: ____/____ Male _____ Female: _____

Alleged Perpetrator:

Name: _____

Address:

Phone: (Home) _____ (Work) _____

Male _____ Female _____ Age: _____

Relationship to Victim: _____

Describe your concerns and grounds for concern in as much detail as possible, including names, times and dates where applicable and known. Use the back of this form if necessary.

Reported to Staff Person, Name: _____

Date: _____ Time: _____

() *I have made the person filing this report aware that he/she may contact the Department of Social Services in regards to this matter.*
Initials

--Continued on reverse--

**Report of Suspected Incident of Abuse – July 2019
(Continued)**

Reported to Senior Pastor Associate/Other Clergy Director of Children's Ministry

Name: _____

Date: _____ Time: _____

Call to Department of Social Services, Date: _____ Time: _____

Spoke with: _____

Report Given: _____

If a staff person:

Call to Chair of Staff-Parish Relations Committee, Name: _____

By: _____ Date: _____ Time: _____

Call to District Superintendent, Name: _____

By: _____ Date: _____ Time: _____

Call to Insurance Carrier, Name: _____

By: _____ Date: _____ Time: _____

If a volunteer:

Call to Chair of Church Council, Name: _____

By: _____ Date: _____ Time: _____

Call to District Superintendent, Name: _____

By: _____ Date: _____ Time: _____

Call to Insurance Carrier, Name: _____

By: _____ Date: _____ Time: _____

If a Parent or Non-Church Related Individual

Call to Chair of Church Council, Name: _____

By: _____ Date: _____ Time: _____

Call to District Superintendent, Name: _____

By: _____ Date: _____ Time: _____

Call to Insurance Carrier, Name: _____

By: _____ Date: _____ Time: _____

Report Submitted by (print): _____ Title _____

Signature

Date