LICRC INCIDENT OF SUSPECTED ABUSE REPORT

- CONFIDENTIAL DOCUMENT -

This report form is for the purpose of recording any incident of suspected abuse reported to the Safe Church Team.

Name (person making report):_____

Position:_____ Phone number:_____

Today's date: _____ Date of incident: _____

Description of incident: (time of occurrence, what occurred, who was involved, location, etc.)

Name(s) of any other potential witnesses:

Action taken (note dates):

Signature of person making report: _____

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Abuse Prevention and Response Team member receiving this report:

Name: _____ Date received: _____