

Appendix D
Report of Suspected Incident of Child Abuse
(Use Additional Pages As Needed)

Name of church worker observing or receiving disclosure of child abuse:

Victim name _____
Victim age _____ Date of birth _____
Date /place of initial conversation with or report from victim: _____

Victim's statement: _____

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

Date Reported to Program Director: _____
Date Reported to Senior Pastor: _____
Additional Information: _____

Call/meeting with victim's parent/guardian: _____
Spoke with: _____
Summary of Conversation: _____

Date/time of call to Child Protective Services: _____
Spoke with: _____
Summary of Conversation: _____

Date/time of call to law enforcement: _____
Spoke with: _____
Summary of Conversation: _____

Before taking any action or completing this report, it is recommended that any person completing this form be familiar with the laws of the State of South Carolina regarding the reporting of incidence of child abuse.

Notification Contacts:

Richland County Child Protective Services 803-714-7444
Forest Acres Police Department 803-782-9444
Richland County Sherriff's Office 803- 576-3000