

**Suspected Child Abuse**

**Report Form**

**\*\*\*All information in this form is confidential and should not be discussed with anyone other than social development, the RCMP and the pastor.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Person Filing Report: \_\_\_\_\_

Nature of suspected abuse: (Physical, Sexual, Emotional, Neglect)

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Indications of suspected abuse:

(Including facts, physical signs and course of events where necessary)

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Conversations with the alleged victim and the alleged perpetrator:

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Action taken: (Including date and time; parents contacted)

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ANY WORKER OR VOLUNTEER WHO HAS REASONABLE AND PROBABLE GROUNDS TO BELIEVE AND BELIEVES THAT A CHILD IS IN NEED OF PROTECTIVE SERVICES SHALL IMMEDIATELY

REPORT THE MATTER TO THE PASTOR AND TO THE DEPARTMENT OF SOCIAL DEVELOPMENT (1-866-444-8838). All information will only be viewed by those needing to know for purposes of processing this situation.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Name of Person Reporting Incident) (Pastor)

**Follow-Up:**

Contact from authorities (ie. RCMP, Social Development):

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Any special instructions regarding the child:

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