



Incident Report Form

CONFIDENTIAL

Please list the name of the person who either disclosed to you an incident of abuse or their suspicion of possible abuse. If the person is you, please list your name below and contact information:

Phone: _____ Email: _____

Are you reporting a *disclosure* or *suspicion* of abuse?

(Please Circle One)

Disclosure*

Suspicion**

** Disclosure means you or another person have personally witnessed an incident of abuse*

*** Suspicion means someone has reason to believe that abuse may or may not have been committed*

INCIDENT INFORMATION

(Fill out this section only if you are reporting a disclosure of abuse)

Victim's Name: _____

Age: _____ Date of Birth: _____ Class/Grade: _____

Date and time of the incident: _____

Location of the incident: _____

How was the incident reported to you? (Verbally, Text Message, First-Hand Experience, etc.?)

Provide the victim or witness's statement (Please provide as much information from the victim's or witness's disclosure as you remember it. Included exact wording, or if communicated electronically, include a copy of the communication.)

Name of person accused of the abuse: _____

Their Relationship to the victim: _____

Contact information for the accused (phone or address) _____

DO NOT ATTEMPT TO CONTACT THE ACCUSED PERSON

SUSPICION

(Fill out this section only if you are reporting a suspicion of abuse.)

Name of person suspected of abuse or code of conduct violation:

Role or involvement at MCC: _____

If not engaged in a ministry at MCC, what is this person's relationship to the victim: _____

Contact information of the accused (phone, address): _____

Describe in detail the behavior you observed or the violation of our Code of Conduct that causes your suspicion:

DO NOT ATTEMPT TO CONTACT THIS PERSON!

REPORTER'S SIGNATURE

Your Name: _____

Your Signature: _____

RECIPT INFORMATION

(This section is to be completed by the staff member or elder who received this report.)

Staff Member or Elder receiving the report: _____

Position held at MCC: _____

Date of this report: _____ Time received: _____

Signature of the receiver of the report: _____

If Childline was contacted, date of contact: _____

Session Approved on 3/21/2019

Murrysville Community Church

3750 School Rd, Murrysville, PA 15668