



## SAFE SANCTUARIES INCIDENT REPORT

1. Today's Date \_\_\_\_\_
2. Name of Volunteer observing or receiving disclosure of child abuse \_\_\_\_\_
3. Name of staff person completing this report \_\_\_\_\_
4. Name of child \_\_\_\_\_ age/grade in school \_\_\_\_\_
5. Name of person under suspicion or accused \_\_\_\_\_  
Relationship to child (i.e. volunteer leader, family member, other) \_\_\_\_\_
6. Volunteer's statement of the child's direct report or the volunteer's concern regarding the child (use additional paper if necessary)
  
7. Collateral contacts, if appropriate (more can be listed on the back)
  - a. Name \_\_\_\_\_, phone number \_\_\_\_\_  
Summary of information \_\_\_\_\_
  
  - b. Name \_\_\_\_\_, phone number \_\_\_\_\_  
Summary of information \_\_\_\_\_

c. Name \_\_\_\_\_, phone number \_\_\_\_\_  
Summary of information \_\_\_\_\_

8. Response

a. \_\_\_ Call was made to PA ChildLine, 1-800-932-0313  
Name of person who made the call \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Name of person spoken with: \_\_\_\_\_  
Summary of call \_\_\_\_\_

9. Report to a Pastor

Name of the pastor \_\_\_\_\_  
Name of person who made the call \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Summary of call \_\_\_\_\_

10. Report to Safe Sanctuaries Team Lead

Name of the pastor \_\_\_\_\_  
Name of person who made the call \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Summary of call \_\_\_\_\_

**APPROPRIATE SECTIONS BELOW TO BE COMPLETED BY THE PASTOR**

11. Call to child's parent/guardian by the pastor

Date/Time \_\_\_\_\_  
Name of person spoken with \_\_\_\_\_  
Summary of call \_\_\_\_\_

12. Other contacts, i.e. insurance company, church's legal counsel, Lehigh Presbytery

a. Call to \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Name of person spoken with \_\_\_\_\_  
Summary of call \_\_\_\_\_

b. Call to \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Name of person spoken with \_\_\_\_\_  
Summary of call \_\_\_\_\_

c. Call to \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Name of person spoken with \_\_\_\_\_  
Summary of call \_\_\_\_\_

d. Call to \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Name of person spoken with \_\_\_\_\_  
Summary of call \_\_\_\_\_

This Safe Sanctuaries Incident Report will be kept confidential with the pastoral staff determining who needs to know of it and when they need to know. It will be kept on file in a secure place in the church office.

*April, 2017*