

Form for Reporting Possible Abuse

To be completed by _____

1. About the child/youth:

Name: _____

Age: _____ Birth Date: ____/____/____ Sex: M F

Home Address: _____

Home Phone (____) _____ Emergency Phone (____) _____

Parent Name(s): Mother _____ Father _____

Work Phone (Mother) (____) _____ Work Phone (Father) (____) _____

2. About the FCA employee or volunteer who first became aware of the incident or situation involving possible abuse:

Name: _____

Position: _____ Day Phone (____) _____

3. About the report

Site report called in to FCA Home Office: Date: ____/____/____ Time: _____

Mailed in:

Name of person in Home Office to whom report was made: _____

Home Office Report called in: Mailed in:

By: _____ Date: ____/____/____ Time: _____

If reported to law enforcement, social services, etc.

Name of Agency: _____

Name of Agent receiving report: _____ Position _____

Date and time report made: _____

4. About the alleged perpetrator

Name: _____

Address (if known): _____

Phone (if known): _____

Relation to the minor (i.e. father, mother, huddle leader, baby-sitter, etc.): _____

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5. The report was made as a result of:

- a. _____ Observing physical and/or behavioral indicators which led to the suspicion of abuse.
- b. _____ A statement made by the minor or another person.

If based on observation, attach the *Checklist of Possible Indicators of Abuse*.

If based on the minor's or another's statement, write what was said accurately and objectively. Use additional sheets as needed.

What were the circumstances surrounding the disclosure? When, where, how did the individual tell you? Use additional sheets as needed.

6. Additional comments, concerns, or observations. Use additional sheets as needed.

7. Signature: _____

Job Title: _____ **Date:** _____/_____/_____