

# 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:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_