



Vigilant
IPHC DISCIPLESHIP MINISTRIES

INCIDENT REPORT FORM

CONFIDENTIAL

**Name of staff or volunteer receiving a disclosure of
child abuse or with a reason to suspect child abuse:**

Name: _____

Phone: _____

Email: _____

Child Information:

Child's Name: _____

Child's Age: _____

Date of Birth: _____

Class Grade: _____

Parent(s) or legal guardian contact information:

Name: _____

Phone: _____

Email: _____

Address where the child resides: _____

INCIDENT INFORMATION

Are you reporting a disclosure or suspicion of abuse?

- Disclosure
- Suspicion

Disclosure:

Date you received the disclosure: _____

Time of day you received the disclosure: _____

Where did you receive the disclosure?

How did the child disclose to you (verbally, text message, etc):

Please attach the child's statement if you received a disclosure (as best as you remember, use the exact words of the child said). If the child communicated electronically, please provide a copy of the communication.

DO NOT INTERROGATE OR QUESTION THE CHILD!

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Name of person accused of the abuse: _____

Relationship of accused to the child (Paid staff, volunteer, family member, other (specify)):

Contact information of the accused:

Phone: _____

Email: _____

DO NOT ATTEMPT TO CONTACT THE ACCUSED!

Suspicion:

Name of the adult you suspect: _____

How is this person engaged in ministry at (insert church name) : (Paid staff, volunteer, family member, other (specify)):

If the person suspected is not engaged in the ministry of (insert church name), what is this person's relationship to the child:

Contact information of the accused:

Phone: _____

Email: _____

DO NOT ATTEMPT TO CONTACT THIS ADULT!

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

Continue on next page

Report Information

Name of the person receiving the report: _____

Position held in the church: _____

Date of this Report: _____

Time this Incident Report was received by church leadership: _____

Signature of the reporter:

Signature of the one receiving the report:

Child Protective Services Contact Information

How was CPS contacted (phone call, email, or digital form)?

If the report was made via a phone call, list the names of all those from (insert church name) on the call:

Date and time report was made to CPS: _____

Signature of the person(s) who completed this portion of the incident report:
