

# MILTON GOSPEL HALL SUSPECTED ABUSE REPORT FORM

Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Age of Student \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Parents' Names \_\_\_\_\_ Siblings' Names \_\_\_\_\_

Name of Person Filing Report \_\_\_\_\_

Name of Leader Receiving Report \_\_\_\_\_

Name of Social Worker \_\_\_\_\_ Phone #, Extension \_\_\_\_\_

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Nature of suspected abuse (physical, sexual, emotional, neglect) \_\_\_\_\_

Indications of suspected abuse (including facts, physical signs and course of events)

Action taken (including date and time) \_\_\_\_\_

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Signed \_\_\_\_\_ Signed \_\_\_\_\_

(Person Reporting)

(Elder)

.....

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept **STRICTLY CONFIDENTIAL**.