



Shuswap Community Church
Plan to Protect Policy
Appendix 11 - Suspected Abuse Report Form

Date _____ Name of Child/Youth _____

Age of Child/Youth _____ Grade _____ Birthdate _____

Address _____

Postal Code _____ Phone Number _____

Parents' Names _____

Siblings' Names _____

Name of Person Filing Report _____

Name of Pastor Receiving Report _____

Name of Social Worker _____ Phone Number _____

Name of alleged perpetrator _____ M F

Relationship between suspected victim and alleged perpetrator _____

Nature of suspected abuse: physical sexual emotional neglect other

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

Action taken (including date and time)

If a Child is reporting:

What did the Child say? (Give quotes where possible.)



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What was your response?

Signature _____

Printed Name _____ Date _____

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 and not shared with anyone or influenced by anyone.

This document should be sealed and labelled and stored under lock and key.

Report to:

Child & Family Services Office for Salmon Arm
550 Lakeshore Drive NE, Salmon Arm, BC V1E 1R6
1-250-832-1719
Child Welfare: 1 800 663-9122 at any time of the day or night.