

Notes:

1. This form may seem overly detailed, but it is critical that the Parish act properly in response to an allegation, complaint, disclosure, report, or suspicion of child abuse, **and** that the actions taken by Parish personnel are documented. Situations like these are extremely stressful; using a form like this can relieve some of that stress by reminding people about steps that need to be taken and information that should be recorded.

2. It is essential that you do not try to “investigate” what has happened—or even whether anything *has* happened. The task is to record information and/or observations following on an allegation, complaint, disclosure, report or suspicion of child abuse.

* “When recording any information, it is important to:

- provide a description that is clear and concise;
- be objective and non-judgmental;
- avoid interpretations of medical, physical or emotional conditions, and what you think is happening;
- record any conversations, word for word, between yourself and the child, or any others relevant to the situation;
- record what the child or others said, *using their own words*;
- provide a full description of any injury, including size, colour, shape and placement on the body;
- sign and date the handwritten form; and
- document any further suspicions that may arise.”

(Toronto District School Board, Operational Procedure PR.560 SCH-"Abuse and Neglect of Students" (September 12, 2007). Reproduced in *Education Law*, (Spring 2008, p. 8), a publication of Borden Ladner Gervais LLP, Solicitors. Available online at <http://documents.lexology.com/6720adac-5f74-4979-87c4-30dd7694a264.pdf>.)

3. This form was created specifically for use in an incident of an allegation, complaint, disclosure, report, or suspicion of child abuse, but it can easily be adapted for use in relation to other incidents, including other forms of alleged abuse.

Parish of _____

SAMPLE Child Abuse Incident Report Form

You can use this sample to create a form for your parish.

This form is to be used in the event of an allegation, complaint, disclosure, report, or suspicion of child abuse. **THE INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL. THIS FORM IS TO BE KEPT IN A SECURE LOCATION AND SHOULD ONLY BE AVAILABLE TO THOSE WHO NEED TO SEE IT IN ORDER TO PERFORM THE DUTIES OF THEIR POSITION.**

DATE: _____

NAME OF PERSON COMPLETING REPORT: _____

POSITION (e.g., Sunday School Teacher):

CONTACT INFORMATION:

Phone Numbers (Home, Work, Cell): _____

CHILD'S NAME: _____

AGE: _____

ADDRESS: _____

PHONE NUMBER: _____

What has prompted this report? When, where, under what circumstances was the allegation made or suspicion noted? NOTE: **DO NOT** ASK A CHILD FOR DETAILS ABOUT ALLEGED ABUSE. SIMPLY RECORD WHAT THE CHILD SAYS OR WHAT YOU HAVE OBSERVED. (See Note below).

(If necessary, use another sheet of paper to complete notes.)

ACTION TAKEN:

(1) Department of Community Services/Child Protection Unit notified:

DATE CALL MADE: _____ TIME: _____

NAME OF PERSON MAKING CALL: _____

PHONE NUMBER CALLED: _____

NAME AND TITLE OF PERSON SPOKEN TO: _____

DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instructions received that need follow-up, etc.)

(2) Rector/Priest-in-Charge/Wardens notified:

DATE CALL MADE: _____ TIME: _____

NAME OF PERSON MAKING CALL: _____

PHONE NUMBER CALLED: _____

NAME AND TITLE OF PERSON SPOKEN TO: _____

DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instructions received that need follow-up, etc.)

DATE CALL MADE: _____ TIME: _____

NAME OF PERSON MAKING CALL: _____

PHONE NUMBER CALLED: _____

NAME AND TITLE OF PERSON SPOKEN TO: _____

DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instructions received that need follow-up, etc.)

(3) Bishop's Office Notified:

DATE CALL MADE: _____ TIME: _____

NAME OF PERSON MAKING CALL: _____

PHONE NUMBER CALLED: _____

NAME AND TITLE OF PERSON SPOKEN TO: _____

DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instructions received that need follow-up, etc.)

(4) Insurer Notified:

DATE CALL MADE: _____ TIME: _____

NAME OF PERSON MAKING CALL: _____

PHONE NUMBER CALLED: _____

NAME AND TITLE OF PERSON SPOKEN TO: _____

DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instructions received that need follow-up, etc.)

(5) Action taken in response to instructions from Department of Community Services/Child Protection Unit, Rector, Wardens, Bishop's Office, Insurer:

(Note the particulars: What was done? By whom? At the request/direction of whom? When? Who was involved? Outcome? Further action needed? Follow-up to be done? Etc.)

1. _____

2. _____

3. _____

(Use another sheet of paper, if necessary)

Notes: Questions, Concerns, Follow-up Needed, etc.

Signed:
