

*This form is used to document cases of sexual abuse or neglect that are brought to the attention of youth workers of the organization of New England Yearly Meeting. Sexual involvement of an adult with a child is abuse. If a youth worker of New England Yearly Meeting suspects that any such abuse may have occurred the youth worker should contact the program coordinator who will work with the youth worker to fill out this form, and follow up according to mandated reporting guidelines of the state. If the coordinator is involved in the incident, the youth worker should contact the Clerk of the Permanent Board who will work with the youth worker to ensure the process required by law for mandated reporting is fulfilled.*

**Note to meetings:** This form may be useful to have on hand should an incident of abuse come to the attention of someone in your meeting. The Youth Ministries Committee recommends that you consider who will be responsible for filling out this form, and who will make the report to the state according to the mandated reporting guidelines (see Paragraph 3 of the Child Safety Policy Appendices).

## Incident Report Form

Date Written \_\_\_\_\_

Written by \_\_\_\_\_ (please print)

Writer's address and telephone(s)

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Date of the incident \_\_\_\_\_

Child(ren)

Name & D.O.B: \_\_\_\_\_

Names, address and telephone of parents or custodians:

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Who has custody? \_\_\_\_\_

1. Is the child currently safe? Please describe the situation if the child is not safe.

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2. What needs to happen to get and/or keep the child safe? \_\_\_\_\_

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3. What is the nature and extent of injury, abuse, or neglect including any prior evidence of same? (Please cite the source of your information if not observed firsthand.)

Where and when did the injury occur? \_\_\_\_\_

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4. What are the circumstances under which you became aware of the injuries, abuse or neglect? \_\_\_\_\_

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5. Has the child and/or the child's family been contacted and offered supports or information? \_\_\_\_\_

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6. REPORT TO STATE AGENCY:

Agency called and telephone number: \_\_\_\_\_

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Person spoken to: \_\_\_\_\_

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Date and time: \_\_\_\_\_

What is agency's plan for response? \_\_\_\_\_

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7. Additional information.

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