

**CONFIDENTIAL**  
**For appropriate disclosure to legal authority**  
*Haymount United Methodist Church*  
**Reporting Form for Suspected Incident of Abuse**

1. Name of adult volunteer (paid or volunteer) observing or receiving disclosure of abuse:

\_\_\_\_\_

2. Victim's name: \_\_\_\_\_

Victim's age/date of birth: \_\_\_\_\_

3. Date/place of initial conversation with/report from victim: \_\_\_\_\_

\_\_\_\_\_

4. Victim's statement (give your detailed summary here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name of person accused of abuse: \_\_\_\_\_

Relationship of accused to victim (paid staff, volunteer, family member, other):

\_\_\_\_\_

6. Reported to pastor or staff member on (date): \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

7. Call to victim's family on (date): \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Call to Department of Social Services and/or law enforcement authority on  
(date): \_\_\_\_\_

If DSS/law enforcement not called, state basis for decision by senior pastor not to contact  
authorities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTENTION SUPERVISOR: When you receive any report of suspected abuse, contact  
HUMC's legal counsel immediately.**