

**Ox Hill Baptist Church  
Suspected Child Abuse Report Form**

**INCIDENT REPORT**

**Please provide the following requested information, if known.**

Name and Contact information of Person reporting suspected abuse:

Date/time of suspected abuse:

Location of suspected abuse:

Minor's name:

(A separate report is to be made for each minor involved)

Name and Contact information of Parent/Guardian of minor:

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**Please describe the circumstances of suspected abuse, giving dates, locations, and all persons present:** (Use either the back of this sheet or a separate sheet of paper.)

1. If based on personal observation, specify what was observed as factually as possible.
2. If based on statements of child, use the child's words to relate what was said.
3. If based on statements from another, identify the person(s) involved and relate what was said as accurately as possible.

Name and contact information of person accused of suspected abuse:

Relationship of child to person accused of suspected abuse, if any:

**Please indicate to whom notification of the incident has been given**

Parent/Guardian: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Church Leaders: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Child Protective Services: (703.324.7400): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Others: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person making this report Date

\_\_\_\_\_  
Signature of Minister receiving report Date

One copy to Parent/Designee and One Copy to Safe Sanctuary Committee for review