

ABUSE INCIDENT REPORT FORM
First Mennonite Church – Bluffton, Ohio
“Safe Sanctuary”

Date of report and time _____/_____/_____ :_____

Date Incident Occurred _____/_____/_____ :_____

Location where incident occurred: _____

Incident Reported by: _____

Incident Reported to: _____ Response Team _____ Pastor _____ Other

Injuries Noted: _____ Yes _____ No

If Yes, Describe: _____

Medical Attention: _____ Yes _____ No

If Yes, Action Taken: _____

Name of Victim: _____

Name of Person(s) Accused: _____

Name of witness (es) to the incident: _____

Accused Person(s) is:

- | | |
|-----------------------------------|------------------------------|
| _____ Church Employee | _____ Teacher |
| _____ Nursery or Preschool Worker | _____ Jr. Youth Sponsor |
| _____ MYF sponsor | _____ Mentor |
| _____ Church Member | _____ Other (specify): _____ |

Victim Report: (If able and willing--do not pressure) _____

Witness report: _____

Report to Victim's Family (Do not report if parent is perpetrator):

Date ___/___/___ Time: _____ spoke to: _____

Conversation Summary/Response: _____

Report Made To: _____ ACCSB (419 227-8590) _____ Police

Date/Time: _____/_____/_____ :_____ a.m. or p.m.

Spoke With: _____

Not Applicable (Reason) _____

Action/Safety Plan: (include both victim and accused)

Victim: _____

Accused: _____

Signature of Reporter _____ Date _____

Give completed form to either The Response Team or Pastoral team at FMC.

ABUSE SYMPTOM(S) REPORT FORM

First Mennonite Church – Bluffton, Ohio

“Safe Sanctuary”

Person reporting: _____

Date: _____

Name of alleged victim: _____

Describe the symptoms that were observed and the circumstances that led to this observation: