

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

This form may be completed by anyone who would like to report an incident they experienced, witnessed, or are aware of that raises the suspicion of abuse or that made them uncomfortable.

THE INCIDENT

Date: _____, 20____

Time: _____:_____ am/pm

Location: _____

Please describe the incident:

REPORTING PARTY

Full Name: _____ Phone: _____

Date: _____, 20____

Signature: _____

Please submit this form to a member of the Pastoral Team (Carrie Mast and Phil Yoder) or the Response Team (Megan Coffman, Kathy Dickson, Andrea Goings, and Laurel Neufeld Weaver). One of those people will use this information to complete an Incident Report Form (unless one has already been completed), and then the Response Team will use both forms (and any additional witness reports) to complete the Incident Response Form. Once they've completed that, they will be in contact with you. If you would like to reach out to them with questions or additional information, you may do so at any time.

FOR PASTORAL / RESPONSE TEAM USE ONLY

Initially received by: _____ Date: _____

Member of the Pastoral Team or the Response Team

Received by: _____ Date: _____

Member of the Response Team

Signature