

*RECOMMENDED CHILD PROTECTION AND ABUSE PREVENTION POLICY*  
*BOARD OF CHRISTIAN EDUCATION & DISCIPLESHIP*  
*NORTHWEST YEARLY MEETING OF FRIENDS*  
**(SAMPLE TO BE USED BY THE LOCAL CHURCH)**

NWYM – Form 4

**SUSPECTED CHILD ABUSE REPORT FORM**  
(May be used at either YM or local levels)

Today's date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

Date of the incident \_\_\_/\_\_\_/\_\_\_ Date local authorities notified \_\_\_/\_\_\_/\_\_\_

What circumstances prompted this report? (Be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should this case be reported to legal authorities outside the church?

Yes \_\_\_ No \_\_\_ If "yes," please state reasons \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give location of observed incident. \_\_\_\_\_

Have the child's parents been notified? Yes \_\_\_ No \_\_\_

Name of person filing the report. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_ Fax \_\_\_\_\_

Where was the report filed? \_\_\_\_\_

Person receiving the report. \_\_\_\_\_

Ministry \_\_\_\_\_