

**REPORT OF SUSPECTED INCIDENT OF CHILD/YOUTH ABUSE**  
**Hudson United Methodist Church**

*You are being asked to fill out this form because we are committed to the safety and well-being of our children/youth and the adults who work with them. Please give all known information.*

Name, contact information, and position of person observing or receiving disclosure of child/youth abuse:

Brief description of incident, including date, time, place, and any action taken:

If there were witnesses, please list:

Victim's name, age, date of birth:

Name of accused:

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

Date and place of initial conversation with/report from victim:

Victim's statement regarding incident:

Signature of Person Making Report:

Date:

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*To be completed by the Response Team Coordinator*

List all contacts to whom this incident was reported; include date, time, person's name, and brief summary (victim, pastor, victim's parents, local children protection agency, law enforcement, medical, etc.):