

**CHILD AND YOUTH PROTECTION INCIDENT REPORT FORM**  
Temple Terrace United Methodist Church

Reason for report: \_\_\_\_\_

Date-of-incident: \_\_\_\_\_ Time: \_\_\_\_\_

Place of incident: \_\_\_\_\_

Name of reporter: \_\_\_\_\_ Title: \_\_\_\_\_

Name(s) of Child(ren)/Youth: \_\_\_\_\_ Age: \_\_\_\_\_ ;  
\_\_\_\_\_ Age: \_\_\_\_\_ ; \_\_\_\_\_ Age: \_\_\_\_\_

Briefly describe what happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? \_\_\_ Yes No \_\_\_ If Yes, list.  
\_\_\_\_\_

What action did you take?  
\_\_\_\_\_  
\_\_\_\_\_

Has the incident been resolved?: \_\_\_ Yes \_\_\_ No Explain:  
\_\_\_\_\_

Have the following people been notified?

Child Abuse Hotline: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pastor: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Bishop's Office: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Police: Date: \_\_\_\_\_ Time: \_\_\_\_\_

SPRC Chair: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Sheriff: Date: \_\_\_\_\_ Time: \_\_\_\_\_

DS: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Other: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person report submitted to: \_\_\_\_\_ Date: \_\_\_\_\_