

Glen Mar UMC Safe Sanctuaries Incident Report

1. Date of Report _____
2. Date of Incident _____
3. Name of Person observing/receiving disclosure of abuse/neglect _____
Position at the church _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
4. Name of Staff Person completing this report if different from #2 _____
Position _____
5. Name of Accuser _____ Age _____ Grade in School _____
Name(s) of Parent/Guardian _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
6. Name of person under suspicion/accused _____
Relationship to victim _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
7. Additional contacts/witnesses, if appropriate-attach information summary
 - a. Name _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
 - b. Name _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
 - c. Name _____
Address _____
Home Phone _____ Cell Phone _____
Email _____

