

**St. Barnabas Lutheran Church  
Report Form for Alleged Child Abuse**

DATE, TIME, AND PLACE OF INCIDENT \_\_\_\_\_  
\_\_\_\_\_

STATEMENT

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

NAMES OF WITNESSES: \_\_\_\_\_

PERSON FILING REPORT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE/TIME REPORT FILED \_\_\_\_\_

TO WHOM WAS REPORT GIVEN \_\_\_\_\_

PHONE NUMBER TO WHICH VERBAL REPORT WAS MADE \_\_\_\_\_

INSTRUCTIONS: *As soon as you learn of alleged abuse, contact the police. Fill out this report form and give it to St. Barnabas's pastor or a staff member. Include the offense, and who was abused.*

.....  
**STAFF USE:**

1. ABUSED YOUTH \_\_\_\_\_
2. ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_
1. PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_
2. PARENTS/GUARDIANS \_\_\_\_\_
3. ACTION TAKEN \_\_\_\_\_
4. DATE/TIME POLICE CONTACTED \_\_\_\_\_
5. DATE/TIME DCFS CONTACTED \_\_\_\_\_
6. DATE/TIME SYNOD OFFICE CONTACTED \_\_\_\_\_
7. DATE/TIME INSURANCE COMPANY CONTACTED \_\_\_\_\_

*Alleged Abuse reports will be kept confidential and filed in the church office under the student's name.*