

Acton Congregational Church Report of Suspected Child Abuse

[Form should be completed by Reporter and submitted immediately to the Chair of the Safe Church Committee at safechurch@actonc.org.]

1. Name of person making the complaint: _____

2. Alleged Victim's Name: _____

3. Alleged Victim's Date of Birth: (m/d/y) _____

4. Name of Person Accused of Abuse: _____

5. Relationship of Accused to Victim: _____

6. Date and time complaint was received by reporter (m/d/y)
Date _____ Time _____

7. Statement of the complaint (or attach report):

8. Other persons with knowledge of the alleged incident: _____

Signature of Reporter _____

Signature of Person Making Complaint _____

[Note that completed forms and attachments, if any, are maintained by the Church Administrator in a confidential file.]