Notes:

- 1. This form may seem overly detailed, but it is critical that we act properly in response to an allegation, complaint, disclosure, report, or suspicion of child abuse, and that the actions taken by event team members are documented. Situations like these are extremely stressful; using a form like this can relieve some of that stress by reminding people about steps that need to be taken and information that should be recorded.
- 2. It is essential that you do not try to "investigate" what has happened—or even whether anything has happened. The task is to record information and/or observations following on an allegation, complaint, disclosure, report or suspicion of child abuse.
- * "When recording any information, it is important to:
- provide a description that is clear and concise;
- be objective and non-judgmental;
- avoid interpretations of medical, physical or emotional conditions, and what you think is happening;
- record any conversations, word for word, between yourself and the child, or any others relevant to the situation;
- record what the child or others said, using their own words;
- provide a full description of any injury, including size, colour, shape and placement on the body;
- sign and date the handwritten form; and
- document any further suspicions that may arise."

(Toronto District School Board, Operational Procedure PR.560 SCH-"Abuse and Neglect of Students" September 12, 2007). Reproduced in Education Law, (Spring 2008, p. 8), a publication of Borden Ladner Gervais LLP, Solicitors. Available online at http://documents.lexology.com/6720adac-5f74-4979-87c4-30dd7694a264.pdf.)

- 3. This form was created specifically for use in an incident of an allegation, complaint, disclosure, report, or suspicion of child abuse, but it can easily be adapted for use in relation to other incidents, including other forms of alleged abuse.
- 4. Remember that child means anyone under 19, and that we have a legal obligation to report the suspicion of abuse. Document what you need to, and then go to the designated person responsible for the event immediately. You will need to report the suspicion but they will support you.
- 5. Confidentiality is of the utmost importance. Inform the people who need to be informed, but beyond that do not share this information with anyone else. If you need support, rely on the designated person responsible for the event.



Child Abuse Incident Report Form

This form is to be used in the event of an allegation, complaint, disclosure, report, or suspicion of child abuse.

THE INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL. THIS

FORM IS TO BE KEPT IN A SECURE LOCATION AND SHOULD ONLY BE
AVAILABLE TO THOSE WHO NEED TO SEE IT IN ORDER TO PERFORM THE
DUTIES OF THEIR POSITION.
DATE:
NAME OF PERSON COMPLETING REPORT:
POSITION:
CONTACT INFORMATION:
Phone Numbers (Home, Work, Cell:)
· · · · · · · · · · · · · · · · · · ·
CHILD'S NAME:
AGE:
ADDRESS:
PHONE NUMBER:
What has prompted this report? When, where, under what circumstances was the
allegation made or suspicion noted? NOTE: DO NOT ASK A CHILD FOR DETAILS
ABOUT ALLEGED ABUSE. SIMPLY RECORD WHAT THE CHILD SAYS OR
WHAT YOU HAVE OBSERVED. (See Note below).
(If
necessary, use another sheet of paper to complete notes.)

ACTION TAKEN: (1) Youth and Family Ministry Coordinator not	tified:
DATE:	
NAME AND TITLE OF PERSON SPOKEN T	ГО:
DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instruct	tions received that need follow-up, etc.)
(2) Department of Community Services/Child	Protection Unit notified:
DATE CALL MADE: NAME OF PERSON MAKING CALL:	
PHONE NUMBER CALLED:NAME AND TITLE OF PERSON SPOKEN T	
DETAILS OF THE CONVERSATION (Note, in particular, questions asked or instruct	tions received that need follow-up, etc.)
(3) Youth and Family Ministry Staff notified: DATE CALL MADE: NAME OF PERSON MAKING CALL:	TIME:
PHONE NUMBER CALLED:	

Note, in particular, questions asked or instructions received that need follow-up, etc.)		
(4) Bishop's Office Notified:		
DATE CALL MADE:	TIME:	
NAME OF PERSON MAKING CALL: $_$		
PHONE NUMBER CALLED:		
NAME AND TITLE OF PERSON SPOK	XEN TO:	
DETAILS OF THE CONVERSATION		
Note, in particular, questions asked or ins	structions received that need follow-up, etc.)	
(5) Insurer Notified:		
DATE CALL MADE:	TIME:	
NAME OF PERSON MAKING CALL:		
NAME AND TITLE OF PERSON SPOK	EN TO:	
VINIETH OF THE OF TERROOTS OF OR		
DETAILS OF THE CONVERSATION		
	structions received that need follow-up, etc.)	
(110te, in particular, questions asked of inc	structions received that need follow up, etc.,	

(6) Action taken in response to instructions from Department of Community Services/
Child Protection Unit, Youth and Family Ministry Staff, Bishop's Office, Insurer: (Note the particulars What was done? By whom? At the request/direction of whom? When?
the particulars: What was done? By whom? At the request/direction of whom? When? Who was involved? Outcome? Further action needed? Follow-up to be done? Etc.)
1.
1
2
3
(II)
(Use another sheet of paper, if necessary) Notes: Questions, Concerns, Follow-up Needed, etc.
Notes. Questions, Concerns, Pollow-up Needed, etc.

Signature:	Date: