



## SUSPICION OF CHILD ABUSE OR NEGLECT FORM

*Reporting abuse can precipitate severe consequences to an individual and family, so it should never be done casually or thoughtlessly, and certainly not for malicious purposes. At the same time, failing to report abuse can have severe consequences to a child at risk. Therefore, if you have reasonable cause to suspect abuse by anyone toward a minor, you should document and report incidents*

I have observed conduct that I feel would fall under the definition of abuse or neglect as defined in the JCPC Child and Youth Protection policy:

A report is called for if a child:

- Verbally complains about or mentions in passing, specific acts of neglect or abuse (physical, sexual or verbal) or exposure to sexual activity, pornography or abuse of others
- Verbally complains about, or mentions in passing, vague references to having to do bad things or having bad things/secret things done to him or her
- Alludes to abuse or neglect in writing, in prayer requests, or in drawings
- Has injury (e.g. a patch of missing hair, a burn, or a bruise) that can't be adequately explained or which the child attempts to hide or deny
- Has an inordinate number of explained or unexplained injuries
- Has an age inappropriate interest in or knowledge of sexual matters or acting out sexual behavior
- Is frequently dirty or smelly or inadequately dressed, has bad teeth or hair falling out, is undernourished, does not receive appropriate medical care for injuries
- Reports or evidences difficulty urinating or discomfort sitting
- Reports or evidences an atypical fear or discomfort of being with particular people

**I understand that this information is to be treated as highly confidential and that I am not to discuss it with anyone other than the minister or staff member to whom I am making this report.**

Your Full Name: \_\_\_\_\_

Date this report was made: \_\_\_\_\_

**REPORT OF THE INCIDENT:**

Date of incident: \_\_\_\_\_ Time incident occurred: \_\_\_\_\_

Suspected Abuser's Full Name: \_\_\_\_\_

Minor's (victim's) Full Name: \_\_\_\_\_

Describe nature of the incident:

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Personal observations/indications of suspected child abuse that are not readily explained:**

(Please check the box/boxes for any or all that apply.)

Physical Abuse

- Unexplained or explained bruises
- Welts
- Lacerations
- Burns
- Fractures
- Abdominal injuries
- Human bites
- Child unusually wary of physical contact with adults
- Unusual interest in or knowledge of sexual matters
- Demonstrates extremes in behavior
- Seems frightened of parents or caretaker

Sexual Abuse

- Child reports abuse by others
- Child has difficulty walking or sitting
- Torn, stained or bloody underclothing
- Complaints of pain or itching in genital area
- Bruises or bleeding in external genitalia, vaginal or anal area
- Unusual and excessive behavior that is inappropriate for a child of that age

Provide a complete description for the personal observations/indications of suspected abuse you have checked above:

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I have reviewed the above report. It is true and accurate, based on my personal observations.

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Signature of Person Making Report Date

Received by:

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(Member of Executive Team) Date