

Report of Suspected Incident of Child Abuse  
Diocesan Youth Ministries  
Diocese of Southwestern Virginia

1. Name of adult leader observing or receiving disclosure of child abuse:

\_\_\_\_\_

2. Victim's name: \_\_\_\_\_

Victim's age/date of birth: \_\_\_\_\_

3. Date/place of initial conversation with/report from victim: \_\_\_\_\_

\_\_\_\_\_

4. Victim's statement (give your detailed summary here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name of person accused of abuse: \_\_\_\_\_

Relationship of accused to victim (paid staff, volunteer, family member, other):

\_\_\_\_\_

6. Reported to parish priest, youth coordinator, bishop, etc.

\_\_\_\_\_

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Call to victim's parent/guardian: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Call to local children and family service agency: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Call to local law enforcement agency: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Other contacts: \_\_\_\_\_

Name: \_\_\_\_\_

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Adult Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to:

Beth Crow  
Episcopal Diocese of Southwestern Virginia  
1002 First Street SW  
P.O. Box 2279  
Roanoke, VA 24009

