

**Glenn Memorial United Methodist Church  
Alleged Abuse Report Form  
(For suspected instances of Sexual/Physical Abuse)**

Name of adult in charge of program/event: \_\_\_\_\_

Name of person reporting alleged abuse: \_\_\_\_\_

Name of accused: \_\_\_\_\_

Date alleged abuse occurred: \_\_\_\_\_

Date alleged abuse reported: \_\_\_\_\_

Name of alleged victim: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian of alleged victim:  
\_\_\_\_\_

Statement of person reporting alleged abuse: (Summary of incident/victim's statement):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adult reporting incident)

Received by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Staff Follow Up Of Alleged Abuse**

\_\_\_ Senior Pastor Notified

\_\_\_ Chair of Trustees Notified

\_\_\_ Requests for reports from other adult staff/volunteers

Date: \_\_\_\_\_ Signature of Senior Pastor: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Reported to DFACS Date: \_\_\_\_\_

\_\_\_ Reported to Local Law Enforcement Agency Date: \_\_\_\_\_