

**SALEM UNITED METHODIST CHURCH
Safe Sanctuaries Policy**

Report of Suspected Incident of Child Abuse
(ONLY APPLIES TO INCIDENTS INVOLVING CHURCH-RELATED ACTIVITIES)

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse

2. Victim's Name: _____

3. Victim's age/date of birth: _____

4. Date/place of initial observation/conversation with/report from the victim.

5. Observation/victim's statement (Give your detailed summary here).

6. Name of person accused of abuse: _____

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

8. Reported to Senior Minister, Department of Social Services or program leader.

- Date/time: _____
- Summary: _____

9. Call to victim's parent/guardian (if not involved in allegations of abuse).

- Date/time: _____
- Spoke with: _____
- Summary: _____

10. Call to local authorities.

- Date/time: _____
- Spoke with: _____

- **Summary:**

OR

11. Call to local law enforcement agency

- **Date/time:** _____
- **Spoke with:** _____
- **Summary:**

12. Other contacts (CAUTION: WE SHOULD BE VERY CAREFUL ABOUT WHO WE CONTACT. LEGAL IMMUNITY ONLY EXISTS WHEN REASONABLE SUSPICION OF ABUSE AND “GOOD FAITH” DIRECT REPORTING TO CHILD ABUSE AUTHORITIES.)

- **Name:** _____
- **Date/time:** _____
- **Summary:**

Signature/Date

REPORTING CHILD ABUSE

Reports should be made to the Cumberland County Department of Social Services at 910-677-2450 or 910-323-1500 after business hours as is required by state law.

Who Should Report:	All persons must report
Standard:	Must have reasonable cause to suspect
Phone:	See above
Immunity:	From civil or criminal liability unless proven that reporter acted in bad faith or with malicious intent.
Failure to Report:	Subject to fines
State Website:	www.dhhs.state.nc.us/us.dss