Network Church - Responding to Abuse – Workers Action Sheet

CONFIDENTIAL

Name of Child/Young Person: _____

Address: _____

_____

Date of Birth: ____ / ____ / ____

Name of Person Reporting Incident: _____

Date: ____ / ____ / ____ **Time of incident:** _____

Sequence of Events/Actual Words Used/Observations:

_____

_____

_____

_____

_____

_____

_____

Action taken (including person(s) contacted):

_____

_____

_____

_____

_____

_____

Date: ____/____/____ **Time:** _____

Notes: _____

_____

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_____

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_____