

LUTHERAN URBAN MINISTRY CORPORATION  
Policy and Procedure Manual

**Policy 002 - Attachment A: Suspected Abuse Report Form**

This form is to be completed by the Ministry Manager, other LUM Employee or Volunteer.

Date of Suspected Abuse: \_\_\_\_\_

Name of Suspected Victim: \_\_\_\_\_

Address of Suspected Victim: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Person Suspected of Abuse: \_\_\_\_\_

Contact information if available: \_\_\_\_\_

Name of Person Filing Report and Position (Employee/Volunteer, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Description of Incident and Type of Suspected Abuse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of witnesses: \_\_\_\_\_

\_\_\_\_\_

Action(s) Taken and/or recommended (include date and time):

\_\_\_\_\_

The above information will serve as a guide and will be necessary if a report is filed with the police and/or the appropriate authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_