



Unitarian-Universalist Church of Nashua
58 Lowell Street
Nashua, NH 03064
(603)882-1091
www.uunashua.org

Suspected Abuse Report Form

Today's Date: _____

Name of Person Reporting Suspected Abuse (Reporter): _____

Phone: _____ email: _____

Date/Time of Suspected Abuse: _____

Did Reporter witness the abuse: Yes No

Location of suspected abuse: _____

Name of Minor (if more than one minor is involved, a separate report must be filled out for each involved): _____

Parent/Guardian Name & Contact Information: _____

Please describe the circumstances of suspected abuse, giving dates, locations, and all persons present. (Use either the back of this sheet or a separate sheet of paper.)

1. If based on personal observation, specify what was observed as factually as possible.
2. If based on statements of child, use the child's words to relate what was said.
3. If based on statements from another, identify the person(s) involved and relate what was said as accurately as possible.

Name and contact information of person accused of suspected abuse: _____

Relationship of child to person accused of suspected abuse, if any: _____

Please indicate to whom notification of the Incident has been given

Parent/Guardian: _____ Date/Time: _____

Church Leaders: _____ Date/Time: _____

Child Protective Services: (603-271-6562): _____ Date/Time: _____

Others: _____ Date/Time: _____

Signature of Person making this report _____ Date _____

Minister's Signature _____ Date/Time: _____