

# SEXUAL ABUSE ALLEGATION REPORT FORM

## (Meeting With Alleged Victim or Parents)

Name of the Child: \_\_\_\_\_

Name of the Guardians / Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

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

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

If parents are separated or divorced, what is contact information for other guardians / parents:

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

Person to whom Outcry was made: \_\_\_\_\_ Date outcry was made: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\* Have the person the outcry was made to write a summary and attach to this document.**

Person to whom Outcry was made reported to: \_\_\_\_\_ Date report was made: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date **Sexual Abuse Response Team** Team was notified: / \_\_\_\_/ \_\_\_\_

Date **Sexual Abuse Response Team** attempted to contact

family: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Date **Sexual Abuse Response Team** member met with

family: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Outcome from meeting with family:**

**Recommendations to family:**

Will DSS or law enforcement be called?    Yes                    No

If yes, date they were called: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Name of the person spoken with \_\_\_\_\_, and report number given \_\_\_\_\_

If parents contacted DSS, or law enforcement give the date, their report number and name of the person they spoke with.

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