

**TRINITY LUTHERAN CHURCH
SUSPICION OF ABUSE REPORT FORM**

Date	(PLEASE PRINT)
Child's Name	
Parent's Name	
Address	
Phone	
Describe the suspected abuse, being as specific as possible	
Other persons involved	
Signature of person reporting	Date
Signature of director or leader	Date
Date remitted to administrative pastor or council president	
Date reported to social services and by whom	