

When was Children Services or the local law enforcement agency contacted?

\_\_\_\_\_

Who contacted Children Services or the local law enforcement agency?

\_\_\_\_\_

Who has received this information: \_\_\_\_\_ Pastor \_\_\_\_\_ Lawyer

\_\_\_\_\_ The Bishop \_\_\_\_\_ Insurance Agency

\_\_\_\_\_ District Superintendent \_\_\_\_\_ Law Enforcement

Name of person completing this form: \_\_\_\_\_

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

On the back, write any other factual information which will be helpful.

*Place in a secure file in the church office. The church must also file a copy of this form with the bishop's office of the East Ohio Conference where it will be placed in a secure file.*

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