

**Union Lutheran Church  
Exploitation, Ministerial Conduct and Youth  
Protection Policy  
Incident Report**

Name of Victim \_\_\_\_\_

Date of Report \_\_\_\_\_

Alleged Perpetrator(s) \_\_\_\_\_

Witness(es) \_\_\_\_\_

Date, time and location of incident \_\_\_\_\_

\_\_\_\_\_

Description of incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **I am a mandatory reporter.**

\_\_\_\_\_ **I choose to remain anonymous regarding this incident.**

**THE ABOVE INFORMATION IS FREELY PROVIDED AND IS TRUE TO THE  
BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship if different from victim

**Childline Phone Number: 1-800-932-0313**

Date reported \_\_\_\_\_

Reported by \_\_\_\_\_