

REPORT OF MINOR/VULNERABLE ADULT ABUSE OR SEXUAL MISCONDUCT

Date of Report: _____ Time: _____

Complainant's contact information: _____

Minor/Vulnerable Adult's Name, Age, of parent or guardian: _____

Minor/Vulnerable Adult's Address, Phone, if known: _____

Alleged Responsible Person's Name(s), Identifying information: _____

Date, Time, Event/Activity Name, Location of Alleged Abuse or Misconduct: _____

Name(s), Address(es), Phone(s) of Witnesses: _____

Describe observed or reported abuse or misconduct: _____

Parties Notified:

Parent/Guardian Name	When	How
_____	_____	_____
_____	_____	_____
_____	_____	_____

Safety Response Coordinator Name	When	How
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social Services/Police Name	When	How
_____	_____	_____
_____	_____	_____
_____	_____	_____

Report Submitted to: _____ Date: _____

Signature of person completing this report _____

Printed name: _____

Return to Stated Clerk, Presbytery of Wyoming, 7703 Hawthorne Dr., Cheyenne, WY 82009,
klt@presbywy.org