



# Suspected Abuse Report

Date of suspected abuse: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name of person reporting: \_\_\_\_\_ Role at camp: \_\_\_\_\_

Report received by: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of the Child / Youth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_  
(Street and Number) (City & Province) (Postal Code)

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

Name/Addresses of Witnesses (attach signed statements about incident)

a. \_\_\_\_\_

b. \_\_\_\_\_

1. Type of Abuse:  Physical  Mental  Sexual  Neglect

2. The report was made as a result of:  Observing physical and/or behavioural indicators  
 A statement was made by the minor

3. Narrative description of what was observed, when and where:

4. If a statement was made by the minor, write what was said accurately and objectively:

5. What were the circumstances surrounding the observation or disclosure:

6. What action was taken and who was informed:

7. Additional comments, concerns, or observations:

Signature (of person reporting): \_\_\_\_\_ Date: \_\_\_\_\_

