

**Madison Christian Community
Parish Protection Program for Children and Youth
Incident Report Form**

Name of Person Reporting Incident: _____ Phone: _____

Today's Date: _____ Time: _____

Date of Incident: _____ Time of Incident: _____

Have you reported this incident to Dane County Human Services or to any other party? Yes/No
If yes, to whom have you reported this incident? _____

Please list the names of all people involved in this incident and indicate whether the person involved is a minor or an adult. If people involved are not members of the Madison Christian Community, please include addresses and phone numbers.

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
| 3. _____

_____ | 4. _____

_____ |

Did you witness this incident? (circle one) Yes/No

If you did not witness this incident, who reported it to you? _____

Were there other witnesses to this incident? List them below including address and telephone numbers for people who are not members of the Madison Christian Community.

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
|----------------------------|----------------------------|

Please describe the incident in as much detail as possible on the back of this form. Feel free to attach additional pages if needed.

Please submit this form to Pastor Sonja Ingebritsen, Pastor Nick Utphall, or Jen Streit, Director of Children and Family Ministry.

**Madison Christian Community
Parish Protection Program for Children and Youth
Alleged Incident Follow-Up Report Form**

Name of person who reported this incident: _____

Date and time report was made: _____

List all involved parties: _____

Name of person(s) following up on the alleged incident: _____

Phone: _____

Email: _____

What actions were taken?

- An informal interview with the party alleged of wrong-doing and the victim(s) was held. Date: _____

Comments:

- The parents or guardians of the alleged victim were notified and present at the interview if the victim was under 18 years of age. Date: _____

Comments:

- It was determined that the allegation was unwarranted and all parties concurred. No further action will be taken. Date: _____

This incident was reported to:

- Dane County Department of Health and Family Services (608) 261-4973
Date: _____
- Wisconsin Conference, UCC (608) 244-3350
Date: _____
- South-Central Synod of Wisconsin (ELCA) (608) 270-0201
Date: _____
- Other _____
Date: _____

Additional notes or comments (please date and initial all entries). Add extra sheets if necessary: