

APOSTOLIC ASSEMBLY SEXUAL ABUSE OF A MINOR REPORTING FORM 001-E

Name of Complainant:	Date of Complaint:
Position:	Supervisor:
District:	Church:

Name of victim: _____

Victim's date of birth: _____

Date of abuse:	Time of abuse:
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¿Did the abuse happen more than once? Yes No

If so, what date(s) and time(s) did they take place?

Date of abuse:	Time of abuse:
Date of abuse:	Time of abuse:
Date of abuse:	Time of abuse:

Note for interviewer: for each incident, ascertain and document what occurred. Try to get as many details as possible, even though this may be uncomfortable for the Complainant. Use additional pages if necessary. Ask open-ended, non-judgmental questions, such as:

1) Has a church authority been notified of alleged abuse? Yes No
 If so, who was informed? Date: _____
 Name of Member: _____

2) Have the civil authorities been notified of alleged abuse? Yes No
 If so, who was informed? Date: _____
 Name of Civil Agency: _____
 Name of Officer Assigned to Case: _____
 Officer's Identification Number: _____
 Case Number: _____
 Contact Number: _____ ext. _____
 Email: _____

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What actions were recommended by the officer? _____

3) Name of Suspect: _____
 Age: _____
 Telephone Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

4) What actions were present during the abuse?

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Inappropriate Touching | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Petting above the clothes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Petting under the clothes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What parts of the body were touched?

Was there any form of penetration? Yes No

5) In your opinion, is the minor in eminent danger? Yes No

Additional notes:

Interviewer:	Date:
Interviewer:	Date:
Witness:	Date:
Witness:	Date: