

**Child/Youth/Vulnerable Adult Protection Policy
Presbytery of Eastern Virginia (Presbytery)**

**ATTACHMENT B
PRESBYTERY OF EASTERN VIRGINIA**

6901 Newport Ave
Norfolk VA 23505
757.397.7063

REPORT OF SUSPECTED SEXUAL MISCONDUCT

Reported by: ☐ Minister ☐ Elder ☐ Youth Worker ☐ Member ☐ Concerned Person

Name: _____

Title: _____ Church Affiliation: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____

Date of Report: _____ Date of Alleged Misconduct: _____

Person suspected of misconduct:

Name: _____

Title: _____

Gender: _____

Address: _____

(Include City, State, and Zip Code) Phone: _____

Victim:

Name Title: _____

Age & Gender: _____

Address: _____

City, State, and Zip Code: _____

Telephone number(s): _____

Witnesses (please include phone numbers):

Report of Suspected Sexual Misconduct

If more room is needed, use another sheet of paper.