## 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

	ORT OF SUSPECTED SEXUAL MISCONDUCT r □ Elder □ Youth Worker □ Member □ Concerned Person
•	- Belder Broath Worker Briefiber Beoficerfied refoon
	Church Affiliation:
Address:	
City, State, and Zip Code	e:
Telephone:	
Date of Report:	Date of Alleged Misconduct:
Person suspected of m	nisconduct:
Name:	
Gender:	
(Include City, State, a	nd Zip Code) Phone:
Victim:	
Name Title:	
Age &Gender:	
Address:	
	e:
Telephone number(s): _	
Witnesses (please inclu	de phone numbers):

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## **Report of Suspected Sexual Misconduct**

Describe incident(s) of suspected sexual misconduct, including date(s), time(s), and location(s):
If more room is needed, use another sheet of paper.
Identify eyewitnesses to the incident, including names, addresses, and telephone numbers where available:

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