

Child/Youth/Vulnerable Adult Protection Policy

ATTACHMENT B

PRESBYTERY OF EASTERN VIRGINIA

6901 Newport Avenue 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: _____

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):

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Report of Suspected Sexual Misconduct

Describe incident(s) of suspected sexual misconduct, including date(s), time(s), and location(s):

[illegible]

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

Identify eyewitnesses to the incident, including names, addresses, and telephone numbers where available:

[illegible]

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