



SUSPECTED CHILD ABUSE REPORT

PLEASE PRINT OR TYPE IN FORM BELOW

| | | | | | | | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------|
| OFFICE USE ONLY | NAME OF INVESTIGATOR | | REPORT RECEIVED FROM (FULL NAME) | | DATE REPORT COMPLETED | | |
| | ACTION TAKEN <input type="checkbox"/> SUBSTANTIATED <input type="checkbox"/> INCONCLUSIVE | | | SUPPLEMENTAL INFORMATION <input type="checkbox"/> INCONCLUSIVE <input type="checkbox"/> ADDITIONAL INFORMATION <input type="checkbox"/> UNFOUNDED | | | |
| | ACTIVE INVESTIGATION CONDUCTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | VICTIM CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | SUSPECT CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Suspects | | WITNESSES CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Witnesses | |
| REPORTING PARTY | FIRST NAME | | LAST NAME | | ROLE WITHIN HOPE STORY | | |
| | STREET ADDRESS | | CITY | | POSTAL CODE | | |
| | TELEPHONE | | SIGNATURE | | DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| FIELD DIRECTOR | FIRST NAME | | LAST NAME | | OFFICIAL TITLE ROLE | | |
| | NAME OF PROGRAM WHERE INDICENT OCCURRED: | | SPECIFIC LOCATION (IF APPLICABLE): | | COUNTRY WHERE INCIDENT OCCURRED: | | |
| | EMAIL | | SIGNATURE | | TELEPHONE | | |
| | CONTACTED DIRECTOR OF PROJECTS ON (DATE) | | CONTACTED DIRECTOR OF PROJECTS VIA <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER (SPECIFY) | | | | |
| C. VICTIM <i>(One report per victim)</i> | CHILD FULL NAME (FIRST, MIDDLE & LAST NAME) | | | BIRTHDATE OR APPROX. AGE | SEX | CHILD ID: | |
| | TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL/EMOTIONAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER | | | PRESENT LOCATION OF VICTIM | | | |
| | RELATIONSHIP TO SUSPECT | | PHOTOS TAKEN OF INJURIES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DID THE INCIDENT RESULT IN SERIOUS INJURY TO VICTIM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| D. INVOLVED PARTIES | SUSPECT | SUSPECT'S NAME (LAST, FIRST, MIDDLE) | | | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
| | | STREET ADDRESS | | CITY | POSTAL CODE | EMAIL | |
| | ROLE WITHIN HOPE STORY | | OTHER RELEVANT INFORMATION | | | TELEPHONE | |
| | OTHER SUSPECT | SUSPECT'S NAME (LAST, FIRST, MIDDLE) | | | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
| STREET ADDRESS | | CIT | POSTAL CODE | EMAIL | | | |
| ROLE WITHIN HOPE STORY | | OTHER RELEVANT INFORMATION | | | TELEPHONE | | |
| E. INCIDENT INFORMATION | IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> | | | | | | |
| | DATE / TIME OF INCIDENT | | PLACE OF INCIDENT SCHOOL <input type="checkbox"/> CARE CENTER <input type="checkbox"/> CHILDREN'S HOME <input type="checkbox"/> OTHER _____ | | | | |
| | NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect) | | | | | | |



DEFINITIONS & GENERAL INSTRUCTIONS FOR COMPLETING SUSPECTED CHILD ABUSE REPORT

1. TO WHOM REPORTS ARE TO BE MADE

- a. Reports of suspected child abuse shall be made to Hope Story, Hope Story's Country Partner's board of Directors AND/OR Field Staff Project Director who is in charge of program where the alleged abuse has taken place. In cases where abuse has been confirmed, Hope Story's Country Partner is to put immediately in place the corrective, disciplinary measures to ensure the suspect is removed from the premises and the local authorities have been notified (if necessary).

2. REPORTING RESPONSIBILITIES

- a. Any Hope Story affiliated individual who has knowledge of or observes a child, in his or her capacity or within the scope of his or her employment or role, whom he or she knows or reasonably suspects has been the victim of child abuse, shall report such suspected incident of abuse to Hope Story immediately or as soon as practically possible by telephone and shall send a copy of the 'Suspected Child Abuse Report' to the **Director of Partnerships** within 24 hours of receiving information concerning the incident.
- b. No reporting party who reports a suspected incident of child abuse or neglect shall incur any liability as a result of their report unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity.

3. INSTRUCTIONS

a. OFFICE USE ONLY

- i. This section is to be completed only by the investigator (i.e. Hope Story Director of Projects or Executive Director). Please refer to a 'Guide to Reporting Child Abuse' to clarify terms and definitions under 'Action Taken' and 'Supplemental Information'. Active Investigation Conducted, Victim/Suspect/Witnesses Contact Fields are meant to be checked to confirm Country Partner has completed such requirements.

b. REPORTING PARTY

- i. Enter the reporter's name and contact information and their role within Hope Story's country partner program. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

c. FIELD DIRECTOR

- i. Complete the contact details of the **Field Director** in the affected Hope Story site, the date/ time of the phone call/ email and indicate how the contact was made (via phone/ email or other, if other specify).

d. VICTIM (One Report per Victim)

- i. Enter the child's full name, approximate age, sex, child ID and present location. List the primary language spoken in the victim's home. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in serious injuries to the victim, resulting in hospitalization.

e. INVOLVED PARTIES

- i. Enter the requested information for suspect(s). Can be sent in a separate document if needed.

f. INCIDENT INFORMATION

- i. If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

4. DISTRIBUTION

- a. After completing Suspected Child Abuse Report, retain one copy for your records, submit another copy to Hope Story's Country Partner's board of Directors AND/OR Field Staff Project Director and one copy to Hope Story's Director of Partnerships at partnerships@hopestory.ca