

Church Safety Team FOLLOW-UP REPORT



	REPORTING SC	DURCE		
Name of Re	eporter:	F	Position:	
Ministry / E	event:	F	Phone:	
Street:		City:	State:	Zip:
	BRIEF SUMMARY O	F INCIDENT		
	RESPONSE / ACTIO	ON TAKEN		
				•
	SUPERVISOR COMMENTS	/ INTERVENTIO	NS	
	MINISTRY LEADER IN	FORMATION		
	Print Name (Staff Member)			
	Signature (Staff Member)	7	oday's Date	



Church Safety Team INCIDENT REPORT



INCIDENT INFORMATION									
Cam	npus	Incident	Service	Personnel Co	ntacted	No	otified	Notified	
		Occurred	Police	EMS	Fire	Safety	/ Director	Church Leadership	
Da	te:								
Tin	ne:								
Name of	Reporter:					Phone:			
	<u> </u>		II	NCIDENT TYP	E				
	Lost Child / F	Parent		Medical Eme	rgency Uiolent Physical Behavior			sical Behavior	
	Lost / Stolen	Property		Fire / False A	Alarm		☐ Terroristic Threat		
	Damage to P	roperty		Suspicious P	erson		urity Concern		
	Other:								
			PER	SONS INVOL	VED				
T 7	Name:					Age:	Phone:		
PERSON	Street:				City:	'	State:	Zip:	
PER	Parent/Guar	dian:					Phone:		
2 2	Name:					Age:	Phone:		
PERSON	Street:				City:		State:	Zip:	
PER	Parent/Guar	dian:					Phone:		
N 3	Name:					Age:	Phone:		
PERSON	Street:				City:	•	State:	Zip:	
PER	Parent/Guar	dian:					Phone:		
			DESCRIPTION	N ALLEGED P	ERPETRATO	R			
DESCRIPTION OF PERSON					DESC	CRIPTION OF V	EHICLE		
Height: Hair:		Build: Make:		Make:		Color:			
Weight: Eyes: Clo			Clothes:		Model:		# of Doors:		
Other:					Other:				
			DESCRI	PTION OF IN	CIDENT				
SAFETY AND SECURITY TEAM MEMBER INFORMATION									
	Print Name (Saf	ety Team Member)							
	Signature (Safet	ty Team Member)				Today's Date			
		-							



Church Safety Team PATROL LOG



	SAFETY MINISTRY / PATI	ROL INFO.	CAMPUS / ACTIVITY INFO.				
Date		□ Observation	☐ Facilities	☐ Grounds			
Time		□ Operations	□ Service	☐ Mid-Week			
Reporter		□ Incident	□ Other:				
General Description							
	SAFETY MINISTRY / PATI	ROL INFO.	CAMPUS / ACTIVITY INFO.				
Date		☐ Observation	☐ Facilities	☐ Grounds			
Time		□ Operations	□ Service	□ Mid-Week			
Reporter		□ Incident	□ Other:				
General Description							
	SAFETY MINISTRY / PATI	ROL INFO.	САМРИ	S / ACTIVITY INFO.			
Date		□ Observation	☐ Facilities	☐ Grounds			
		☐ Operations	☐ Service	□ Mid-Week			
Time		— Орегаціонз					
Time Reporter		☐ Incident	☐ Other:				
Reporter	SAFETY MINISTRY / PATI	□ Incident	☐ Other:	S / ACTIVITY INFO.			
Reporter	SAFETY MINISTRY / PATI	□ Incident	☐ Other:				
General Description	SAFETY MINISTRY / PATI	□ Incident	☐ Other:	S / ACTIVITY INFO.			
General General Description	SAFETY MINISTRY / PATI	□ Incident ROL INFO. □ Observation	CAMPU Game Gam Gam	S / ACTIVITY INFO. Grounds			



Church Safety Ministry SAFE ACCESS LOG



SAFE A	CCESS INFO.	INCI	INITIALS		PURPOSE			
Campus Date	Incident	Servio	e Personn	el Contacted	Notified		Мо	tified beposit
Time Date:	Occurred				Safety Directo	r Chu	rch I	eadership Petty Cash
Ministry/Dept.								Mgr Access
Na Gærq fu ß eport	er:							Bank Dep.
SAFE A	CCESS INFO.		NACHRENT	TYPE (Please Print Legibly)		INITIALS		PURPOSE
Date	nild / Parent			Emergency	Violen	t Physical Ber	avic	r Deposit
	Stolen Property ge to Property		-	alse Alarm	Terror	istic Threat / Security Co	Д.	_Petty Cash
Ministry/Dopter:	ge to Property		Suspicio	ous Person	Salety	/ Security Co		Mgr Access
Campus		P	ERSONS IN	IVOLVED				Bank Dep.
	CCESS INFO.		NAMES	(Please Print Legibly)	Phone	: INITIALS		PURPOSE
S Cata	/Guardian:			City.	Phone			Deposit
Time Name:	/ Guaruran.				Phone	•		Petty Cash
Migstry/D@copeet:				City:				Mgr Access
€ampu§arent	/Guardian:				Phone):		Bank Dep.
	CCESS INFO.		NAMES	(Please Print Legibly)	Phone	: INITIALS		PURPOSE
Date Parent	/Guardian:			City:	Phone	::		Deposit
Time		DESCRIPTI	ON ALLEGI	ED PERPETRATOR				Petty Cash
Ministry/Dept.	DESCRIPTION OF P	ERSON			DESCRIPTION	OF VEHICLE		Mgr Access
Height: Campus	Hair:	Build:		Make:	Color:			Bank Dep.
Weight: SAFE A Other:	Eyes. CCESS INFO.	Clothes:	NAMES	Model: (Please Print Legibly) Other:	# of D	INITIALS		PURPOSE
Date		DESC	RIPTION C	OF INCIDENT				Deposit
Time								Petty Cash
Ministry/Dept.								Mgr Access
Campus								Bank Dep.
SAFE A	CCESS INFO.		NAMES	(Please Print Legibly)		INITIALS		PURPOSE
Date								Deposit
Time								Petty Cash
Ministry/Dept.								Mgr Access
Campus	Si	AFETY AND SECUI	RITY TEAM	MEMBER INFORMA	ATION			Bank Dep.
Print Name (Safety Team Member) Signature (Safety Team Member) Today's Date								



Church Safety Ministry SUSPECTED CHILD MALTREATMENT REPORT



SUSPECTED MALTREATMENT TIMELINE										
Campus		Child Maltreatment	Service Personnel Contacted			Church Leadership Contacted		Report Completed		
		Suspected	Police County Social Services		Oral			Written		
Da	ite:									
Tir	ne:									
Requir	ement:	If it is a Recent Incident	or further	Abuse is Immi	nent Report	Immediate	ely. Otherwise, (Oral Report in	n 24 hours.	
Did intake worker accept the oral suspected maltreatment report?										
PEOPLE / AGENCIES INVOLVED										
ING CY	Worker Nan	ne:				Phone:				
RECEIVING AGENCY	Agency Nam	ne:				Fax:				
RE A	Street:				City:		State:	Zip:		
RT CE	Worker Nam	ne:				Position:				
REPORT SOURCE	Ministry / E	vent:				Phone:				
S	Street:				City:		State:	Zip:		
0	Name:				□М□Г	Age:	Phone:			
ALLEGED VICTIM	Home Addre	2SS:			City:		State:	Zip:		
ALL	Parent/Guar						Phone:			
	Parent/Guar	rdian:					Phone:			
o ror	Name:				□ M □ F		Phone:			
ALLEGED PERPETRATOR	Relationship	to Family or Child?				Resides w	vith victim?	☐ Yes	□ No	
ALLI RPE	Home Addre	ess:		Т	City:		State:	Zip:		
interpreter receded: 🗀 Tes			☐ No Language Spoken?							
ALLEGED VICTIM'S CURRENT HOUSEHOLD / FAMILY INFORMATION										
List all people associated with victim (except perpetrator - that info is listed separately above)										
Household / Family Member Name			Rela	Relationship to Victim Age		e or DOB		ith Victim		
								☐ Yes	□ No	
								☐ Yes	□ No	
								☐ Yes	□ No	
								☐ Yes	□No	
								☐ Yes	□No	
								☐ Yes	□No	
ADDITIONAL FAMILY INFORMATION										
(i.e. non-custodial or absent parent contact info, custodial arrangements, need for interpreters, language)										

DESCRIPTION OF	INCIDENT
<u> </u>	
RESPONSE / ACTI	ON TAKEN
SUPERVISOR COMMENTS	INTERVENTIONS
SAFETY AND SECURITY TEAM N	VIEWBER INFURMATION
9	<u></u>
Print Name (SST Staff Member)	
Signature (SST Staff Member)	Today's Date