

CHILD ABUSE INCIDENT REPORT FORM

Follow this link to review [GSEM's Child Abuse Prevention and Reporting Policies](#)

If the child is in **immediate harm**, call the **Girl Scouts of Eastern Massachusetts** emergency number on the [GSEM Emergency Procedures](#) card (1-800-348-7788) and if necessary, 911.

If the child is **not in immediate harm**, document the information as thoroughly as possible on both pages of this form within 24 hours of the suspected or reported abuse and email it to the Sr. Director of Volunteer Development and Training at dgauthier@girlscoutseasternmass.org.

Person reporting _____

Address _____
Street City State zip code

Email address _____ Phone _____

Date of report _____ To whom reported _____

Has the reporter informed the parent/guardian/caretaker of this report? ☐ Yes ☐ No

Type of incident (i.e. child endangerment, child abuse, child neglect)

Describe where the incident occurred (i.e. home, neighbor's home, playground)

Date/time incident reported to have occurred _____

Please provide specific information about the child or children in question:

Name(s) of child _____

Age _____ Grade _____ Date of Birth _____ English spoken in home? ☐ Yes ☐ No ☐ Unknown

Address _____
Street City State zip code

Female Guardian name _____ Relationship to child _____

Address _____
Street City State zip code

Email address _____ Age _____ Phone _____

Male Guardian name _____ Relationship to child _____

Address _____
Street City State zip code

Email address _____ Age _____ Phone _____

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What is the nature and extent of injury, abuse or maltreatment, or neglect, including prior evidence of same? Please list any other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

If known, please provide the name(s) and contact information of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect:

What are the circumstances under which you became aware of the injuries, abuse or maltreatment or neglect? If known, please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred:

What action(s) have been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

Please provide any information about the family's strengths and capacities that you think will be helpful in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns:

Please indicate when you see this child (dates/times of troop meetings). For camp staff, please indicate the dates the child is at camp.

Signature of reporter: _____ **Date** _____

Remit Child Abuse Incident Report Form to:

Sr. Director of Volunteer Development and Training, Dianne Gauthier

111 East Grove Street

Middleboro, MA 02346

Ph: 774-766-6923, Fax: 508-923-7676, Email: dgauthier@girlscoutseasternmass.org