

**Incident Reporting/Tracking Document  
Sunnyside Christian Reformed Church  
700 North 16<sup>th</sup> Street, Sunnyside, Washington 98944**

**Information contained on this form is **CONFIDENTIAL**.  
It is stored in a locked file to be available for pastoral staff, an abuse  
response team, or legal authorities.**

Name of Person Filling Out Form: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Child/Youth: \_\_\_\_\_ Relationship to Child/Youth: \_\_\_\_\_

Description of Incident: Be as specific as you can as to the place, time, and person involved, and what happened.

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How was this knowledge obtained: \_\_\_\_\_

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Person Receiving Form: \_\_\_\_\_ Date: \_\_\_\_\_

Actions Taken: \_\_\_\_\_

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Safe Church Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_