

Attachment 2
CONFIDENTIAL
Intermountain Yearly Meeting (IMYM)
Alleged Abuse Incident Report Form

Name of person filing report and a way to contact (phone, email): _____

Date of filing: _____

Name of alleged victim: _____ Age: _____

Date of alleged incident: _____

Details Regarding Alleged Incident:

Please describe in your own words what happened. Use the back of this form or additional paper if necessary.

Where did the alleged incident take place? _____

What time did the alleged incident take place? _____

Who was present at the time of the alleged incident? _____

Who witnessed the alleged incident? _____

What was the emotional and physical state of the victim(s)? _____

What immediate concerns and needs have been expressed? _____

To be completed by the IMYM Youth Working Group Clerk:

_____ This report has been forwarded by the reporting adult to the appropriate legal authorities per the law applicable in the state where IMYM is being held.

_____ All witnesses have submitted an alleged abuse incident report form. If not, explain: _____

_____ Parents of victim(s) have been informed by _____ on (date) _____ at (time) _____

What reactions or needs of parents are noted? _____

Signature of person filing report: _____

Signature of person accepting report: _____

Date: _____