

Please make a copy of this form before using it.

Fill out your own copy and send it to [child-safety\\_intl@sil.org](mailto:child-safety_intl@sil.org).

## Child-to-Child Incident Reporting Form

Please fill this form out with only the information that is known at the time a report is received, without interviewing the children/youth involved in the incident(s). It is understood that there will be blanks or missing information and that is okay. Please do provide support, care and safety to the children/youth and their families. Once filled out and sent to the Child Safety Office, please wait for further instructions.

This report should be completed for every report of possible abuse, neglect or inappropriate behavior no matter how minor, how preliminary, and even if the alleged offender is a minor. It is to be submitted to the entity director within 24 hours. Entity director then submits it to the CHRO or Child Safety Office within 24 hours.

[child-safety\\_intl@sil.org](mailto:child-safety_intl@sil.org)

Phone: 972-708-7443

Confidential Fax: 972-708-7442

Date of report:

Date abuse/neglect/inappropriate behavior reportedly occurred:

Branch/entity making the report:

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### Person filling out this report form:

Your name:

Your relationship with the persons being reported:

The organization you are/were associated with and your position within it:

Your contact information (email, phone, etc.):

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### Child/Youth #1:

Child/Youth #1's name:

Gender: M ☐ F ☐

Birthdate:

Age:

Nationality:

Grade in school:

Primary language:

Parents:

Address:

Phone:

Parents' primary Member Organization and home country:

Names and ages of other siblings:

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### Child/Youth #2 (if more than 2 children are involved, add other children's information in this area also):

Child/Youth #2's name:

Gender: M ☐ F ☐

Birthdate:  
Age:  
Nationality:  
Grade in school:  
Primary Language:  
Relationship to child/youth #1:  
Parents:  
Address:  
Phone:  
Parents' Primary Member Organization and home country:  
Names and ages of other siblings:

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### Entity Information:

Supervisor receiving report (name and position):  
Entity Director's name:  
Phone Number:  
Email:

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### Report:

Describe what occurred specifically, including where, when, specific actions, number of times it occurred, any threats, etc.  
What led you to suspect/become aware of the incident(s)?  
Date, time and setting in which you became aware of the suspected abuse/neglect/inappropriate behavior:  
Date, time and setting of incident(s) (if known):  
Anecdotal records that support suspicion of abuse/neglect/inappropriate behavior?

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### Previous reports:

Are you aware if either child/youth has experienced other abuse/neglect/inappropriate behavior in the past? If so, please describe:

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### Other children affected:

Are there any other children you suspect might be involved or affected by the inappropriate actions and/or behavior? (classmates, siblings, others who were in the same location, attended the same events, etc.):

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### Others with knowledge of the report:

Who else knows about the alleged abuse/neglect/inappropriate behavior? List name, relationship to the victim, job, phone.  
Was it reported to a government, law enforcement or child protective service agency? If so, list agency name, name of person the report was given to, agency address, phone number, email address. Also list name, job, and phone number of the person who gave the report, and the report reference number if known.

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**Family dynamics:**

Describe the parents #1's relationship, interaction with the child/youth #1.

Describe the parents #1's reaction to the child/youth #1's report (if s/he reported it).

Describe the parents #2's relationship, interaction with the child/youth #2.

Describe the parents #2's reaction to the child/youth #2's report (if s/he reported it).

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**Support system:**

Describe the family #1's support system (relatives, community, church, etc.)

Describe any arrangements that have already been made for counseling, and/or support for the family #1.

Describe the family #2's support system (relatives, community, church, etc.)

Describe any arrangements that have already been made for counseling, and/or support for the family #2.

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**Arrangements for safety:**

Describe the arrangements that have been made to ensure the child/youth #1's safety (to protect the child/youth from repeating the inappropriate behavior with other children/youth).

Describe the arrangements that have been made to ensure the child/youth #2's safety (to protect the child/youth from repeating the inappropriate behavior with other children/youth).

Describe the awareness building/education of the parents #1 & #2 regarding the seriousness of the report, the SIL response procedures, etc.

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**Additional information:**