



**METHODIST
UNIVERSITY**
**CHILD ABUSE or NEGLECT
REPORT FORM**

To be promptly completed by a person who knows or, in good faith, suspects child abuse or neglect and, upon completion, provided to The Methodist University Police Department (MUPD)
(Please print all information)

Date of Report: _____ **Report Submitted To:** _____

Report Submitted By: _____

Reporter's Home Telephone: _____ **Reporter's Cellphone:** _____

Reporter's E-mail Address: _____

Reporter's Address: _____

Name of Child Involved: _____

Child's Current Location (if known): _____

Contact Information of Child or Child's Parent/Guardian (if known):

Name of Accused: _____

Relationship of Accused to the Child: _____

Date/Time/Location of incident or observation:

Statement of what occurred or what was observed:

Provide a detailed description of every explicit detail you can remember and use direct quotations wherever possible. Please include in your statement evidence of previous injuries, if any, to the child and relevant information relating to the cause of any such injuries, including the identity of the person or persons responsible for the same. If additional room is needed, please continue statement on the back of the report.

Please identify and provide contact information (if known) of all individuals who also know of or suspect the child abuse or neglect that is the subject of this report and briefly explain how they came to know or suspect the abuse or neglect. If additional room is needed, please use the back of the report.

Reporter's Signature: _____

Date Signed: _____

*Please contact The Methodist University Police Department (**910-630-7149**) with any questions concerning the completion of this report.

Please deliver completed report to a MUPD officer or to the front desk at MUPD, which is located in the Campus Services Building