

Exhibit A – Davidson UMC Record of information of suspected or actual instances of abuse

<p>Person completing the form:</p> <p>Davidson United Methodist Church:</p> <p>Phone contact details:</p> <p>Date of Notification:</p>
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Details of incident/suspected or actual abuse

<p>Date of alleged incident/harm:</p> <p>Time of alleged incident/harm:</p>	<p>Area where incident/harm took place:</p> <p>Who reported the alert:</p> <p>Date:</p>
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Who was involved:

<p>Details of Alleged Victim</p> <p>Name:</p> <p>Address:</p> <p>Date of Birth:</p> <p>Phone :</p>	<p>Are they a vulnerable person? Yes/No</p> <p>Nature of alleged victims' vulnerability:</p> <p>Any other details (e.g. communication needs):</p>
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Details of Alleged Perpetrator

<p>Name :</p> <p>Address:</p> <p>Date of Birth:</p> <p>Phone Contact:</p> <p>If the alleged perpetrator is a staff member please provide staff details (E.g. job role, employer, address of place of work)</p>	<p>Relationship to victim:</p> <p>Are they a vulnerable person? Yes/No</p> <p>Alleged perpetrators vulnerability (if applicable):</p> <p>Any other details:</p>
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Have you made the victim aware that details of the incident are being recorded and will be investigated?

Yes/No

If not, why not?

Type of Abuse (Please check one✓ or more)

Sexual		Physical	
Emotional		Neglect	
Psychological		Financial/Material	
Discriminatory Abuse		Verbal	

Description of alleged incident / alleged harm, detailing all people involved including witnesses

On this page please give a detailed description of the incident (please include times) and any other comments you feel are relevant. If necessary, attach further pages.

What action did you take immediately after the incident/allegation of harm (E.g. administered first aid, asked perpetrator to leave, took victim to secure area)

Were the Police called: Yes / No

Were any other emergency services called?
If yes, which service(s) **Yes / No**

Names of Police Officers:	Outcome: (Response time, taken to hospital etc)
Has the victim made any previous referrals/alerts? Yes/No	If yes, please provide details (e.g. dates, type of abuse):
Is the victim in immediate danger of further abuse? Yes/No	Have any immediate actions been identified to reduce the potential for further abuse? Yes/No
Has an initial assessment been made to determine further potential risk to the victim? Yes/No	What actions have been taken to reduce the potential for further abuse?
Are there any risks to others? Yes/No (Vulnerable persons, children)	If yes, please provide details (include who this information has been shared with – e.g. Police):
Signed:	Date:
	Time:

This is a confidential document and should be stored securely according to the procedures of Davidson United Methodist Church. It is your responsibility to ensure that this is done.

This report must be sent to the Mecklenburg County Department of Social Services- Customer Connection Center: 704-336-3000