



Section 1- Instructions:

This form is to be completed by the individual who witnesses, or has substantive information of, child abuse, neglect, and/or sexual abuse of a minor. Make sure that the information provided below is factual and detailed as possible. Maintain a copy for your records. Submit to the director of human resources, ralston.87@mail.cotc.edu or fax to (740) 364-9566.

Department name

Program

- 1. Did the alleged abuse/neglect occur on college property (or in a college activity/program)?
2. Is the alleged perpetrator COTC faculty, staff, appointee, student, student employee, or volunteer?

If you answered "yes" to either question 1 or 2, complete sections 2-4 below. If you answered "no" to both questions 1 and 2, complete sections 3 and 4.

Section 2- COTC-related incidents (only fill out if questions 1 and/or 2 above were answered yes):

If you answered yes to questions 1 and/or 2 above, whom can we contact for more information if needed?

Contact Name Title

Department Phone number Email

It is extremely important to notify University Police/Campus Safety and Security at 740-366-9237 immediately in these situations if you have not already, regardless of your campus/activity/program location.

Section 3- Describe the incident:

Date of incident or discovery Time of incident or discovery

Where did the incident occur? Body part(s) affected, if applicable

Briefly describe the incident that led you to making a report:

Section 4- Incident reported to:

- Children services agency name: phone: report #:
OR
Local law enforcement name: phone: report #:
AND
University Police name: phone: report #:

Report date: