

CHRISTIAN ACRES YOUTH CENTER, INC.

THIRD PARTY REPORT OF ABUSE AND NEGLECT

Your Name and contact information if you wish to be contacted :

Date of the report : **Time of the report:**

Date the incident took place: **Time of the incident:**

Nature of Grievance or Complaint (include who,what and where):

Does the alleged victim need immediate medical assistance?: Yes No Unkown

How would you like this situation resolved?: