**Pastoral Care: REPORT FORM**

|  |  |
| --- | --- |
| **Connect Leader:** |  |
| **Date of Visit:** |  |
| **Place of Visit:** |  |
| **Summary**  **of Visit:** |  |
| **Suggested Follow-Up Action:** |  |
| **Length of Visit:** |  |

**NOTES:**

* We are mandated by law to report suspected cases of physical or sexual abuse of children. If you are, or feel that you are, faced with such a situation, please inform Ps. Pauline immediately.
* This form is to be handed directly to Ps. Pauline, either personally or placed in her pigeon hole which is located on her office door. Please ensure that the contents of this form are kept confidential.