

Safe Sanctuary Concern/Incident Report
Soapstone United Methodist Church

Submitted by: _____ Submission Date: _____

Cell Phone Number: _____

Address: _____

Program/Event Involved: _____ Event Date: _____

Leader(s) Involved (Paid or Unpaid): _____

General Concern/Incident: _____

Others Involved in the Incident (and Contact Information, if available): _____

Signature: _____ Date: _____

*Submit completed form in an envelope marked as "High Priority – Personal and Confidential" to the director/ pastor of the ministry area involved. (This form goes to the **staff member** first, not the senior pastor, unless you are reporting that staff member)*

Soapstone UMC
12837 Norwood Road
Raleigh, NC 27613

For Investigation Committee use only:

Reviewed by: _____ Date Reviewed: _____

Follow-Up Action Taken? Yes _____ No _____ Date of Follow-Up: _____

If yes, describe. If no, why is follow-up unnecessary?: _____