

**Report of Suspected Child or Vulnerable Adult Abuse  
(Confidential)**

Church Name \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

SPRC Chair Name \_\_\_\_\_ Phone \_\_\_\_\_

District Superintendent's Name \_\_\_\_\_  
Phone \_\_\_\_\_

Pickens County Sheriff's Department 864-898-5500  
SC Department Social Services Abuse & Neglect Hotline: 1-888-227-3487

**Child/Vulnerable Adult**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone \_\_\_\_\_ month/day/year

Address \_\_\_\_\_  
Street City State Zip

Parent's name \_\_\_\_\_

Address if different \_\_\_\_\_  
Street City State Zip

**Person Bringing Child (if different than parent)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Agency Reporting**

Name of Agent reported to \_\_\_\_\_ Date \_\_\_\_\_

Confirmation/File Number \_\_\_\_\_ Time \_\_\_\_\_

Individual Reporting \_\_\_\_\_

Persons suspecting abuse (please print/type) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Nature of Suspicion (to be completed by person[s] suspecting abuse)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person suspecting abuse \_\_\_\_\_

Signature of SPRC Chair \_\_\_\_\_

Copy sent to the Bishop of South Carolina Original kept secured in confidential SPRC file