

Reporting in South Carolina

NOTICE OF INCIDENT

This form is to be completed by the individual who witnesses, or has substantive information of sexual abuse of a minor. Make sure that the information provided below is factual and detailed as possible.

Organization Name: Upstate Homeschool Co-op

Organization Address: 6806 Mountain View Road Taylors, SC 29687

Date & Time of Incident:

Location Where Incident Occurred:

Reason(s) for concern (physical and/or behavioral):

Date and Time Report Recorded:

****TO BE COMPLETED BY UHC ADMINISTRATION ONLY****

Date Incident Report Received:

Resolution: