

CENTRAL CONGREGATIONAL CHURCH, UCC

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MANDATED REPORT FORM

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse, mistreatment, or neglect to the Department of Children and Families by oral communication. This written report must then be completed **within 48 hours** of making the oral report and shall be sent to the appropriate DCF office. The full text of the law can be found at the Commonwealth of Massachusetts website (www.malegislature.gov) under General Laws.

Contact the Safe Church Advocate, a Pastor, or the Moderator immediately for guidance.

Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.

DATA ON CHILD(REN) REPORTED:

Name(s)	Current Location/Address	Sex	Age/DOB
1.			
2.			
3.			

DATA ON MALE PARENT/GUARDIAN:

Name _____
 Last First Middle

Address _____
 Street Address City State Zip Code

Telephone Number _____ Age _____

DATA ON FEMALE PARENT/GUARDIAN:

Name _____
 Last First Middle

Address _____
 Street Address City State Zip Code

Telephone Number _____ Age _____

DATA ON REPORTER/REPORT:

Date of Report _____ Mandatory Report _____ Voluntary Report

Reporter's Name: _____
 Last First Middle

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Reporter's address: (If the reporter represents an institution, school, or facility, please indicate institution, school, facility name)

Street Address City State Zip Code

Reporter's Telephone number(s) _____

Has the reporter informed the caretaker of the report? _____ Yes _____ No

Please answer following questions in space provided or attach separate sheet:

What is the nature and extent of the injury, abuse, mistreatment, or neglect, including prior evidence of same? (Please cite the source of this information if not observed first hand.)

What are the circumstances under which the reporter became aware of the injuries, abuse, mistreatment, or neglect?

What action has been taken thus far to treat, shelter, or otherwise assist the child to deal with this situation?

Please give other information which you think might be helpful in establishing the cause of the injury and/or the person responsible for it. If known, please provide the name(s) of the alleged perpetrator(s).

Signature of Reporter

Date

For Office Use Only

Report received by _____ Date received _____

_____ Copy submitted to parents/guardians (if individual is under eighteen years of age).

Submitted by _____ Date submitted _____

_____ Copy submitted to original reporter.

Submitted by _____ Date submitted _____

Action taken: _____

Was a report made to DCF? _____ Yes _____ No If yes, then:

Date and time of oral report _____ Date and time written report sent _____

Was a Pastoral Response Team formed by Council? _____

Comments (attach additional page if needed) _____
