

CENTRAL CONGREGATIONAL CHURCH, UCC

One Worthen Street P.O. Box 339
Chelmsford, MA 01824
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INCIDENT REPORT FORM

This form is to be used to document accidents, injury or suspected child abuse at Central Congregational Church (or its properties) or related to a church program or activity. Any accident or injury occurring during Sunday School shall be reported immediately to the Pastor, with a copy to Trustees. Any accident or injury outside of the Sunday School program shall be reported to Trustees. That person (or his/her designee) will assist you in completing this form, which must be submitted within 24 hours of the oral report. If there is reasonable cause to suspect child abuse, this report must be submitted, within 24 hours of making an oral report to the Safe Church Advocate or pastor, in addition to completion of a Mandated Report Form. Contact information is located on the bulletin board by the church's back entrance.

Name of individual being reported _____ Male ___ Female

Home address _____

Street Address

City

State

Zip Code

Home telephone number _____ Date of Birth _____

Name of reporter _____

Home address _____

Street Address

City

State

Zip Code

Home telephone number _____ Work phone Number _____

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

Briefly describe the nature and extent of the injury, accident or suspected abuse. Include specifics such as date, time, and location.

Describe the circumstances under which you became aware of the incident. Include the names of witnesses.

Indicate action taken by staff and/or volunteers immediately upon becoming aware of the incident.

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

To whom was this incident reported? _____

Signature of reporter _____ Date _____

Role/function/position of reporter _____

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 _____

Comments
