

**CENTRAL CONGREGATIONAL CHURCH, UCC**

One Worthen Street P.O. Box 339  
Chelmsford, MA 01824  
Phone 978-256-5931 Fax 978-250-3565  
office.admin@cccchelmsford.org

**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.

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

*Incident Report Form / Page 2 of 2*

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

---

---

---

---