CENTRAL CONGREGATIONAL CHURCH, UCC

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

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:

	Names (s)	Current Locatio	n/Address	Sex	Age/DOB
1.					
2.					
3.					
	A ON MALE PARI				
	Last	First		Middle	
Addre					
	Street Address		City	State	Zip Code
Telepl	none Number			Age	
DATA	A ON FEMALE PA	RENT/GUARDIAN	N:		
Name					
	Last	First		Middle	
Addre				~~~~~	
	Street Address		City	State	Zip Code
Telepl	none Number			Age	
DATA	A ON REPORTER	/REPORT:			
Date of	of Report		Mandatory Re	portVolu	ntary Report
Repor	ter's Name:				
r or	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 caretak	ker of the report?	Yes	No
Please answer following questions is What is the nature and extent of the is evidence of same? (Please cite the so	njury, abuse, mistreatment,	, or neglect, inc	luding prior
What are the circumstances under wh mistreatment, or neglect?	nich the reporter became av	vare of the inju	ies, abuse,
What action has been taken thus far t situation?	to treat, shelter, or otherwis	e assist the chil	d to deal with this
Please give other information which injury and/or the person responsible perpetrator(s).		0	
Signature of Reporter		Date	
For Office Use Only Report received by		_Date received	
Copy submitted to parents/gu			
			-
Submitted byCopy submitted to original re		ate submitted	
Submitted by	•	ate submitted	
Action taken:			
Was a report made to DCF?	Yes No If yes		
Date and time of oral report			
Was a Pastoral Response Team form		-	
Comments (attach additional page if			
comments (attach additional page if			