Approved 2025-1211

CENTRAL CONGREGATIONAL CHURCH, UCC
One Worthen Street
Chelmsford, MA 01824
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INCIDENT REPORT FORM

This form is to be used to document accidents, injury or suspected child/vulnerable adult 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/vulnerable 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 _____ Cell 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.

_____
_____

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/APS? _____Yes _____ No If yes, then;

Date and time of oral report _____

Date and time written report sent _____

Comments
_____
_____
_____
_____