CENTRAL CONGREGATIONAL CHURCH, UCC
One Worthen Street
Chelmsford, MA 01824
Phone 978-256-5931
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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/ Adult Protective Services 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/APS 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 or a Pastor 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)/VULNERABLE ADULT(S) REPORTED:

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

DATA ON PARENT/GUARDIAN:

Name _____
Last First Middle

Address _____
Street Address City State Zip Code

Telephone Number _____ Age_____ Gender _____

DATA ON PARENT/GUARDIAN:

Name _____
Last First Middle

Address _____
Street Address City State Zip Code

Telephone Number _____ Age_____ Gender _____

DATA ON REPORTER/REPORT:

Date of Report _____ _____ Mandatory Report _____Voluntary Report

Reporter's Name: _____
Last First Middle

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/APS? _____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) _____

_____