

**Confidential: Keep completed form in a locked file**

## Diocese of the Rocky Mountains

### Notice of Concern

Please complete as thoroughly as you are able. Once completed, please email directly to Bishop Ken Ross and the Diocesan Chancellor: ken@rockymountainanglican.org, chancellor@rockymountainanglican.org

Date: \_\_\_\_\_

#### Information Regarding Victim

Name of child/victim: \_\_\_\_\_

Age: \_\_\_\_ Male/Female: \_\_\_\_ Birthdate (if child): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Siblings' Name(s): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

#### Information about Suspected Abuse

Date of occurrence: \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

- Nature of suspected abuse: \_\_\_\_ physical \_\_\_\_ sexual \_\_\_\_ emotional \_\_\_\_ neglect
- Policy violation with a child or youth
- Inappropriate behavior with a child or youth
- Other concern: \_\_\_\_\_

**Describe the situation:** What happened, indications of abuse (facts, physical signs), where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating? (*Attach additional sheets if needed*).

#### If a child is reporting:

What did the child say? (Give quotes where possible)

What was your response?

To your knowledge has this situation ever occurred previously? Please state how you know/suspect.

(*Attach additional sheets if needed*).

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**What action was taken?** How was the situation handled, who was involved, who was questioned, were police called? (*Attach additional sheets if needed.*)

**Information of Individual(s) of Concern/Person Suspected of Abuse:**

Name of suspected abuser: \_\_\_\_\_

Title/relationship to the church (if any): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Location and address: \_\_\_\_\_

**Name of Any Other Suspected Victim(s):**

Name of child/victim: \_\_\_\_\_

Age: \_\_\_\_ Male/Female: \_\_\_\_ Birthdate (if child): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Siblings' Name(s): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

**Name of Person Making the Initial Report: \_\_\_\_\_**

Title/Role at church: \_\_\_\_\_ (congregant, member, vestry, ministry leader, etc)

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date that initial report was made: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

**Name Rector receiving report: \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

*\*Once completed, please email directly to Bishop Ken Ross and Diocesan Chancellor  
[ken@rockymountainanglican.org](mailto:ken@rockymountainanglican.org), [teresa@rockymountainanglican.org](mailto:teresa@rockymountainanglican.org)*