

Confidential: Keep completed form in a locked file

Diocese of the Rocky Mountains Notice of Concern

Filling out this form does not mean that you are personally accusing someone, but rather are relaying important information about a safety concern, policy violation, or potential abuse.

Please complete as thoroughly as you are able. *Once completed, please email directly to Bishop Ken Ross and 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?

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To your knowledge has this situation ever occurred previously? Please state how you know/suspect. (Attach additional sheets if needed).

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 (print): _____

Signature: _____ Date: _____

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