



Congregation
B'nai Shalom
בני שלום

ABUSE & MOLESTATION INCIDENT REPORT FORM

This form should be filled out promptly by a member of CBS' lay leadership, teaching staff, or clergy, in the event of one of the situations set forth below, and should be submitted to the Rabbi, Rabbi-Educator, or Executive Director.

Instructions

This form must be completed under any of the following situations:

- A. There is an allegation or reasonable suspicion of abuse of a child;
Important: Consult Massachusetts' mandatory reporting requirements for further information on abuse reporting (<https://www.mass.gov/service-details/reporting-alleged-child-abuse-or-neglect-filing-a-51a-report>); OR
- B. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing.

Date of Incident:	Time of Incident:
Name and Approximate Age of Child Involved (One Report per Child):	
Contact Information for Child Involved:	
Parent/Guardian: _____	
Address: _____	
Telephone: _____ Email: _____	
Nature of Incident:	
Location of Incident:	
Description of Incident:	

Was the above information:

☐ Reported to you by someone else? If so, who: _____

OR

☐ Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

☐ Provided First Aid What/When _____

☐ Call placed to 911 By Whom _____

☐ Taken to hospital By Whom _____

☐ Notified Parent/Guardian Who/When: _____

☐ Notified Church Official Who/When: _____

☐ Notified Authorities Who/When: _____

☐ Other _____

Witnesses to Incident:

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Printed Name of Person Completing This Report: _____

Position at the Organization: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Signature of Synagogue Official: _____ Date: _____

Witness Report(s) attached: _____ YES. NO

WITNESS REPORT (please have each witness complete)

Name: _____ Address: _____

Mobile Phone: _____ Home Phone: _____ Email: _____

Date/Time of Incident: _____

Fully describe what you observed (attach another sheet if necessary):

Is there anyone else you know who may have witnessed the incident?

Name: _____

Address: _____

Telephone: _____ Email: _____

Printed Name of Witness: _____

Signature: _____

Date Signed: _____