## **Mandatory Reporting Incident Form**



How to use this form: If you are a volunteer or staff member supporting Crossroads Family Ministry, you are considered "clergy" and therefore are a mandatory reporter. This means you must promptly (within 72 hours by legal norms, but 24 hours by our standards) report suspected abuse or neglect to the authorities per Colorado Revised Statutes §19-3-304. If you have to exercise that obligation, fill out the below as fully as possible to the best of your knowledge, and inform Family Ministry leadership.

Information about reporter:	
Name:	
Address and phone number:	
Role in relation to Crossroads Church:	
Relationship to alleged victim:	
☐ The incident described below was repo	orted to one of the following agencies:
Child Protective services, as there is reasonable suspicion of neglect or abuse, but not imminent danger.	A local police department, as there is imminent danger involved in the suspected abuse or neglect.
<ul><li>☐ CO Dept. of Human Services: (844)</li><li>264-5437 (844 CO-4-KIDS)</li><li>☐ Adams County CPS: (303) 412-5212</li></ul>	☐ Thornton PD (720) 977-5150 ☐ Northglenn PD: (303) 288-1535 ☐ Broomfield PD: (303) 438-6400
☐ The incident was not reported because unusual, was not the result of neglect or	e it was determined that the incident, while abuse. See reasons below.
Information about alleged victim:	
Name:	
Address and phone number:	
Age and birth date:	
Sex: M F	
Household of alleged victim:	
To whom was the alleged victim released allegation?	? Was the custodian notified of the

With whom does the alleged victim reside? If any children or minors live in the home, list their names and ages.
Additional individuals involved:
Name any potential witnesses who may have knowledge of the allegation:
To which Crossroads staff was this reported? (Please make sure the Pastor/Director of family ministry, <i>and</i> a kids or youth ministry director was notified)
Name anybody else—whether a staff member, another minor, or parent/guardian—who was notified of this reporting:
Details regarding reporting to authorities (Police, CPS):  Name and phone number of agency called:
Name of person who took the call:
Assigned intake number (if relevant):
Date, time, and email address to which written report was sent:
If any additional organizations or agencies were involved—these may be social workers, insurance companies, or attorneys—list the names of those who were contacted, when they were contacted, and contact information for follow-up.

## Nature of incident and suspected potential abuse or neglect:

What did you see, hear, or observe about the potential abuse, including physical injuries or abnormalities? Be as specific as possible. If you did not report this incident to authorities, as you believe that this incident did <u>not</u> constitute reasonable cause to suspect abuse or neglect, please explain why below.

What (if any) recurring patterns related to this incident are you aware of, such as previous cases of suspected abuse/neglect with the alleged victim or their household?
Describe any other information involved, including but not limited to further details not covered through previous questions, or paperwork/conversations not accounted for above:
I, certify that the above constitutes as complete and accurate a record of the incident as I am able to provide.
Signature: