

**WELLESLEY HILLS CONGREGATIONAL CHURCH**  
207 Washington St.  
Wellesley, MA 02841  
781-235-4424  
[www.hillschurch.org](http://www.hillschurch.org)

**MANDATED REPORT FORM**

Massachusetts law requires an individual who is a mandated reporter to orally immediately report any allegation of serious physical or emotional injury resulting from abuse, mistreatment, or neglect to the Department of Social Services. A written report must then be completed **within 48 hours** of making the oral report and should be sent to the appropriate Department office. \_\_\_\_\_ will provide the necessary contact information.

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) REPORTED:**

---

| <b>Name(s)</b> | <b>Current Location/Address</b> | <b>Sex</b> | <b>Age/DOB</b> |
|----------------|---------------------------------|------------|----------------|
| 1.             |                                 |            |                |
| 2.             |                                 |            |                |
| 3.             |                                 |            |                |

**DATA ON MALE PARENT/GUARDIAN:**

Name

---

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

Address

---

|        |      |       |          |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

Telephone Number

Age \_\_\_\_\_

**DATA ON FEMALE PARENT/GUARDIAN:**

Name

\_\_\_\_\_

Last

First

Middle

Address

\_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Telephone Number

\_\_\_\_\_ Age \_\_\_\_\_

**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 \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Reporter's Telephone number(s) \_\_\_\_\_

Has the reporter informed the child's caretaker of the report? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

If a child has died as a result of the circumstances, you are also required to report the death to the District Attorney of the county where the death occurred, and to the state medical examiner.