

APPENDIX C
CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern:

Date of occurrence:

Time of occurrence:

Type of Concern:

- Inappropriate behavior with a child, youth, or adult
- Policy violation with a child, youth, or adult
- Possible risk of abuse
- Other concern:

Describe the situation: What happened, 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.

Has this situation ever occurred previously? 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.

What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation? Attach additional sheets if needed.

Submitted by: (Please print)

Telephone number:

Location and address:

Signature:

Date:

Reviewed by:

Once completed, please mail the form – with notation “Confidential” – to the Bishop of West Missouri, PO Box 413227, Kansas City, MO 64141.