BOSTON UNIVERSITY
MINOR SAFETY CONCERN REPORT FORM

Location of incident:

□ on campus □off campus

Type of concern (potential or observed):

□ abuse or neglect □ harm to self □ harm to others □other safety concern

When should this report form be used?
This form should be completed when someone knows, suspects, or receives information that the health or safety of a minor, defined under Massachusetts law as an individual under the age of 18, may be at risk. Concerns may include a specific incident that occurred on/off campus, a suspicion of abuse or neglect, or a suspicion that a minor may be a threat to himself/herself or to others.

Who is required to report concerns of child safety?

- Any University faculty, staff, student, or volunteer participating in a University Activity
- Any owner/operator, employee, volunteer, or agent of a Third-Party Program
- Mandated reporters, under M.G.L. c. 119, § 51A
- Campus Security Authorities, under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act
- Title IX Coordinator and Deputy Coordinators

Members of the BU community with concerns regarding child safety should direct their concerns to the Boston University Police Department at 617-353-2121. Anyone may contact Department of Children & Families directly using the Child-at-Risk Hotline any time of the day or night at 800-792-5200.

What if a victim requests confidentiality?
All instances involving a threat to the health or safety of a minor must be reported, regardless of the desire of the minor.

What should you do if you feel a minor is in immediate danger?
If you fear an immediate threat to the minor, contact BUPD immediately at 617-353-2121.

What happens with the information I provide?
The report will be submitted to the Boston University Police Department for review and the appropriate parties will be notified.

This form can also be found and submitted online at http://www.bu.edu/safety/protecting-minors/

(optional) **REPORTER'S INFORMATION (the reporter and minor can be different people):**	
Reporter's name (if different than minor involved):	**Date of Report**:
Reporter's Affiliation to BU (student, faculty, staff):	**Reporter's Contact Information**: Telephone: Email:
MINOR'S INFORMATION (if reporter and minor are different people)	
Minor's name	**Minor's Program or Activity**:
Minor's Contact Information (if available): Telephone:	Email:
PARENT/GUARDIAN INFORMATION:	
Parent/Guardian's Contact Information (if available): Telephone:	Email:
OTHER PARTIES INVOLVED	
Name(s) (if known):	**Affiliation(s) to BU (student, faculty, staff, unaffiliated)**:
INCIDENT INFORMATION	
Date of Incident:	**Time of Incident**:
Location of Incident:	**Brief Description of Incident:**
OTHER REPORTS	
Have you or has anyone else reported this incident to another department or office (for example: Massachusetts Department of Children and Families, local police, Sexual Assault Response and Prevention Center, Dean of Students, Residence Life, or Human Resources)? □ Yes □ No **If yes, please list department/office or agencies notified**: _____	

Please return this form to:

Boston University Police Department
32 Harry Agganis Way
Boston, MA 02115

Phone: 617-353-2121
Fax: 617-353-5534

Website: http://www.bu.edu/safety
Email: mailto:bupolice@bu.edu