FOR OFFICE USE ONLY
Date Received:
Received By:

MCC
METROPOLITAN
COMMUNITY CHURCHES

PROCEDURAL SUMMARY

Section A. REPORTING PARTY		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	
MINISTRY POSITION (IF ANY)		

Section B. RESPONDING PARTY		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	
MINISTRY POSITION (IF ANY)		

Section C. Action	
DATE REPORT OF CONCERN RECEIVED:	
NUMBER ASSIGNED:	
IF NO FORWARDING ACTION TAKEN, EXPLAIN WHY:	
IMMEDIATE ACTION TAKEN:	

Section D. NAME OF SUPPORT PERSON ASSIGNED TO REPORTING PARTY		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	

Section E. NAME OF SUPPORT PERSON ASSIGNED TO RESPONDING PARTY		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	

FOR OFFICE USE ONLY
Date Received:
Received By:

MCC
METROPOLITAN COMMUNITY CHURCHES

Section F. NAME OF SUPPORT PERSON ASSIGNED TO AFFECTED CHURCH/MINISTRY		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS

Section G.	
DATE REVIEWING OFFICIAL'S ACKNOWLEDGMENT LETTER TO REPORTING PARTY SENT:	
DATE COPY OF REPORT OF CONCERN AND ALL ENCLOSURES SENT TO RESPONDING PARTY:	
DATE RESPONSE TO REPORT OF CONCERN RECEIVED BACK FROM RESPONDING PARTY:	
ANY QUESTIONS/PROBLEMS WITH RESPONDING PARTY:	

Section H. INVESTIGATORS	
NAMES OF INVESTIGATORS CONSIDERED:	
	Name
	Phone
	Email
	Name
	Phone
	Email
	Name
	Phone
	Email
ANY CHALLENGES OR RECUSALS OF INVESTIGATORS AND REASONS:	

Section I. NAME OF INVESTIGATOR ASSIGNED		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
VERIFICATION OF INVESTIGATOR'S CURRENT CERTIFICATION COMPLETED (DATE):		
DATE INVESTIGATION TASKED:		
DATE COPIES REPORT OF CONCERN AND ENCLOSURES AND RESPONSE TO REPORT OF CONCERN AND ENCLOSURES SENT TO ASSIGNED INVESTIGATOR:		

FOR OFFICE USE ONLY
Date Received:
Received By:

MCC
METROPOLITAN
COMMUNITY CHURCHES

DATE INVESTIGATION REPORT IS DUE:	
DATE(S) DELAY REQUEST(S) RECEIVED:	1. 2. 3.
ACTION TAKEN ON DELAY REQUEST(S):	1. 2. 3.
DATE(S) DELAY REQUEST REPLY SENT TO INVESTIGATOR:	1. 2. 3.
ANY QUESTIONS/PROBLEMS/SPECIAL REQUESTS FROM INVESTIGATOR AND DATES RECEIVED:	
Date	QUESTIONS/PROBLEMS/SPECIAL REQUESTS
1.	
2.	
3.	
DATE COMPLETED INVESTIGATION REPORT RECEIVED:	
ACTION TAKEN:	
MEDIATION PLAN FOR REPORTING/RESPONDING PARTIES AND AFFECTED CHURCH/MINISTRY:	
FOLLOW-UP REPORTS/DATES RECEIVED:	
DATE FITNESS REVIEW CONFERENCE/HEARING SET:	
Section I. FITNESS REVIEW PANEL MEMBERS CONSIDERED:	
NAMES OF FITNESS REVIEW PANEL MEMBERS :	
	Name
	Phone
	Email
	Name
	Phone
	Email
	Name
	Phone
	Email
FITNESS REVIEW PANEL MEMBERS CHALLENGED/RECUSED AND REASONS:	

FOR OFFICE USE ONLY
Date Received:
Received By:

MCC METROPOLITAN COMMUNITY CHURCHES

Section J. NAME OF FITNESS REVIEW PANEL MEMBERS ASSIGNED		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
LEAD REVIEWER IS:		
DATE OFFICIAL TASKING, COPIES OF REPORT OF CONCERN WITH ENCLOSURES; RESPONSE TO REPORT OF CONCERN WITH ENCLOSURES; INVESTIGATION REPORT WITH ENCLOSURES SENT TO FITNESS REVIEW PANEL MEMBERS:		
QUESTIONS/PROBLEMS ENCOUNTERED IN FITNESS REVIEW PANEL SESSION:		
HOW HANDLED?		
RECOMMENDATION OF FITNESS REVIEW PANEL/DATE RECEIVED:		
ACTION TAKEN IN RESPONSE TO RECOMMENDATION:		
Section K. DATES FEEDBACK REQUESTS SENT TO FOLLOWING:		
Date		REPORTING PARTY
		RESPONDING PARTY
		SUPPORT PERSON FOR REPORTING PARTY
		SUPPORT PERSON FOR RESPONDING PARTY
		SUPPORT PERSON FOR AFFECTED CHURCH/MINISTRY
		LEAD REVIEW PANEL MEMBER
		REVIEW PANEL MEMBERS
		REGIONAL ELDER(S) INVOLVED

FOR OFFICE USE ONLY
Date Received:
Received By:

MCC
METROPOLITAN COMMUNITY CHURCHES

Section L. DATES FEEDBACK RESPONSES RECEIVED FROM THE FOLLOWING:		
Date		REPORTING PARTY
		RESPONDING PARTY
		SUPPORT PERSON FOR REPORTING PARTY
		SUPPORT PERSON FOR RESPONDING PARTY
		SUPPORT PERSON FOR AFFECTED CHURCH/MINISTRY
		LEAD REVIEW PANEL MEMBER
		REVIEW PANEL MEMBERS
		REGIONAL ELDER(S) INVOLVED
ACTIONS TAKEN IN RESPONSE TO FEEDBACK FROM LISTED PERSONS		
REHABILITATION OR RECOVERY PLAN ASSIGNED TO RESPONDING PARTY:		
PERSON RESPONSIBLE TO MONITOR RECOVERY PLAN/CONTACT INFORMATION:		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
FOLLOWUP REPORTS/DATES RECEIVED:		
Date		Report
Date		Report
Date		Report
Date		Report
Date		Report
Date		Report
ADDITIONAL ACTIONS TAKEN IN RESPONSE TO FOLLOWUP REPORTS:		
Date		Action
Date		Action
Date		Action
Date		Action
Date		Action
Date		Action
RECONCILIATION PLAN FOR REPORTING/RESPONDING PARTIES AND AFFECTED CHURCH/MINISTRY:		
PERSON RESPONSIBLE TO MONITOR RECONCILIATION PLAN		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
FOLLOWUP REPORTS/DATES RECEIVED:		
Date		Report

FOR OFFICE USE ONLY
Date Received:
Received By:

MCC METROPOLITAN COMMUNITY CHURCHES

Date	Report
Date	Report
Date	Report
Date	Report
Date	Report
ADDITIONAL ACTIONS TAKEN IN RESPONSE TO FOLLOWUP REPORTS:	
Date	Action
Date	Action
Date	Action
Date	Action
Date	Action
Date	Action

Section M. DISCLOSURE REQUESTS/ACTIONS FOR THIS FILE

FILE REQUESTS (ANNOTATE ANY AND ALL TIMES THIS FILE IS REQUESTED OR DISSEMINATED):

FILE REQUESTED BY:		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
DATE REQUEST RECEIVED:		
ACTION TAKEN:		
DATE COMPLETED:		
FROM WHOM		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
DATE REQUEST RECEIVED:		
ACTION TAKEN:		
DATE COMPLETED:		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
DATE REQUEST RECEIVED:		
ACTION TAKEN:		

FOR OFFICE USE ONLY
Date Received:
Received By:

MCC
METROPOLITAN
COMMUNITY CHURCHES

DATE COMPLETED:		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
DATE REQUEST RECEIVED:		
ACTION TAKEN:		
DATE COMPLETED:		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
DATE REQUEST RECEIVED:		
ACTION TAKEN:		
DATE COMPLETED:		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE		BUSINESS PHONE
MOBILE PHONE		EMAIL ADDRESS
DATE REQUEST RECEIVED:		
ACTION TAKEN:		
DATE COMPLETED:		