International House of Prayer
MISSIONS BASE OF KANSAS CITY

CONFIDENTIAL REPORTING FORM

IHOPKC Confidential Reporting Channel
Administered by Telios Law PLLC

The Purpose of this form:

- This channel is administered by Telios Law, PLLC, independent legal counsel retained by IHOPKC to receive safeguarding and community-standards concerns. Submitting a report here does not establish an attorney-client relationship between the reporter and Telios Law.
- This channel exists in addition to internal reporting pathways (including IHOPKC's Designated Reporting Agent) and is available when a reporter prefers an external independent intake.
- Submission of this form does not satisfy any independent legal obligation to report suspected child abuse or neglect to civil authorities.

EMERGENCY NOTICE	ADDITIONAL CRISIS RESOURCES
If a child is in immediate danger, call 911. If you suspect child abuse or neglect in Missouri, call the Missouri Child Abuse & Neglect Hotline immediately at 1-800-392-3738 (24/7). Under Missouri law (RSMo §210.115), mandated reporters must report directly and without delay. Submission of this form does not discharge that duty.	**988 Suicide & Crisis Lifeline** **Childhelp National Child Abuse Hotline: 1-800-422-4453** **RAINN National Sexual Assault Hotline: 1-800-656-HOPE**

SCOPE EXCLUSIONS

This channel addresses the following concerns. Please complete this form if one or more apply. Check all boxes related to your concern.

- ☐ Suspected child/youth abuse, neglect, or exploitation
- ☐ Misconduct by staff, volunteers, interns, prayer ministers, contractors, or leaders
- ☐ Grooming behaviors or boundary violations affecting minors
- ☐ Significant boundary violations
- ☐ Situations involving young adults (18yrs-25yrs) where a power differential exists
- ☐ Concerns involving senior leadership, supervisors, pastors, or the Designated Reporting Agent
- ☐ Harassment, abuse, or coercion affecting any participant
- ☐ Concerns that a prior internal report was not adequately addressed
- ☐ Retaliation for raising a good-faith concern

Email completed Report directly to Tell@Telioslaw.com

SCOPE EXCLUSIONS

*This channel does **not** address the following concerns:*

- Ordinary interpersonal disagreements
- Family, roommate, or housing conflicts unrelated to ministry conduct
- Financial or legal disputes unrelated to ministry conduct
- Political disagreements

REPORTER INFORMATION

Name	Phone Number	Email Address	Preferred Method ☐ Phone ☐ Email
Preferred Name	State/County of Residence	Dates involved with IHOPKC	

Is it safe to leave a voicemail or send an email? ◯ Yes ◯ No | Best Days/Times to contact you

Are you comfortable being contacted for follow up? ◯ Yes ◯ No

URGENCY ASSESMENT

Is anyone in immediate physical danger right now? ***If Yes, call 911 immediately.***	◯ Yes ◯ No ◯ Unsure	Is the alleged conduct ongoing?	◯ Yes ◯ No ◯ Unsure
Is a minor currently at risk? ***If Yes, call 1-800-392-3738 immediately.***	◯ Yes ◯ No ◯ Unsure	Does the subject of concern currently have access to minors through IHOPKC or elsewhere?	◯ Yes ◯ No ◯ Unsure

MANDATED REPORTER STATUS

Are you a mandated reporter under RSMo §210.115?

◯ Yes ◯ No ◯ Unsure

Examples include: Ministers, clergy, persons responsible for the care/supervision of minors, prayer ministers, and spiritual counselors serving in that capacity, and certain other professionals

Have you already reported to Missouri Child Abuse & Neglect Hotline **1-800-392-3738**? ◯ Yes ◯ No

If previously reported, please provide the following information:

Contact	Reference Number	Date	Time

***Prominent Reminder:** If not previously reported, please know that this form does **not** discharge that duty and that the call must be made independently and without delay.*

SUBJECT OF CONCERN

Name of Alleged Offender	Approx. Age

Email completed Report directly to Tell@Telioslaw.com

AFFECTED PERSON

Name (if known)		Gender	Race	Approx. Age
Street Address	City	State	Zip Code	
Relationship to IHOPKC	Are you the affected person? ◯ Yes ◯ No	Is it safe to contact the affected person? ◯ Yes ◯ No ◯ Unsure		

Is the affected person a minor (under 18yrs)? ◯ Yes ◯ No ◯ Prefer not to say

If the affected person is a minor, has a parent been notified? ◯ Yes ◯ No ◯ Not safe

Important: *If alleged offender is a parent or guardian of the minor, do not notify that parent or guardian. Telios Law and IHOPKC will coordinate with Missouri Children's Division on timing and scope of parental notification.*

DESCRIPTION OF CONCERN

What Happened? Please describe in your own words. Share what you observed or were told — do not speculate or investigate.

When did this incident happen?	Where did it happen?
Who was present or may have witnessed it?	Was this a single incident or a pattern? If a pattern, when did it first begin and when was the most recent occurrence?

EVIDENCE

Are you aware of any written, digital, or recorded evidence (texts, emails, social media messages, photos, recordings, documents, journals)? Please describe. ◯ Yes ◯ No

Do not alter, delete, forward, or further distribute this evidence. *Telios Law will provide guidance on preservation and transmission.*

Do not upload images or videos depicting the abuse of a minor. *If such material exists, contact law enforcement immediately — transmitting it through this form or any other channel may itself be unlawful.*

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ACKNOWLEDGMENTS & REPORTER ASSURANCES

Reporter acknowledges: (Please initial each line.)

☐ I understand submitting this form does not create an attorney-client relationship between me and Telios Law.

☐ I understand that Telios Law will review this report, will reach out to me, and will share relevant information with IHOPKC safeguarding personnel, the Board of Trustees, and/or civil authorities as appropriate.

☐ I understand that **absolute confidentiality cannot be guaranteed**, particularly where **a**. a minor may be in danger, **b**. Missouri or federal mandatory reporting laws apply, **c**. disclosure is required by law, court order, or subpoena or **d**. disclosure is necessary for a fair investigation or the safety of others.

☐ I understand that if I am a mandated reporter under Missouri law (RSMo §210.115), I am independently required to report suspected child abuse or neglect to the Missouri Child Abuse and Neglect Hotline 1-800-392-3738, and that **submission of this form does not discharge that duty**.

☐ I understand that notifying IHOPKC's Designated Reporting Agent, a supervisor, a pastor, or any other internal person does not discharge my legal duty to report.

☐ I am making this report in good faith and the information I have provided is true to the best of my knowledge. I understand that Missouri law (RSMo §210.135) provides immunity from civil or criminal liability for good-faith reports of suspected child abuse or neglect.

☐ I understand that IHOPKC prohibits retaliation against any person who makes a good-faith report or cooperates in an investigation, and that I may report any retaliation through this same channel.

☐ I understand that knowingly false reports made to harm another person may result in disciplinary action and/or legal consequences.

SUBMISSION & CONFIRMATION

I certify that the information provided above is true and accurate to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide any relevant evidence. I understand that retaliation against anyone who files a complaint is strictly prohibited.

Signature	Date	Time	☐ AM ☐ PM

FOR OFFICE USE ONLY

Received By	Case/Tracking Number	Date Received

Follow-Up Assigned To	Date Response Started

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