

## REPORT OF SUSPECTED CHILD ABUSE NEGLECT

Within forty-eight hours of making an oral report to Child Protection Services, a mandated reporter shall complete a written report. Reports shall be kept on file in the school office.

CHILD'S NAME:	CHILD	'S GENDER:	AGE OR BIRTH	DATE:	
	M	ALE FEMALE			
CHILD'S ADDRESS:					
NAME OF PARENT(S) OR OTHER PERSON RESPONSIBLE FOR		PHONE NUMBER:			
ADDRESS:					
WHERE IS THE CHILD STAYING PRESENTLY, IF NOT AT HOME:		PHONE:		DATE PROBLEM(S) NOTED:	
NAME OF HOTLINE WORKER TO WHOM ORAL REPORT WAS MADE: DATE		ORAL REPORT: DATE AND TIME OF S		OF SUSPECTED ABUSE/NEGLECT:	
NAME OF SUSPECTED PERPETRATOR, IF KNOWN:	ADDRESS AND/OR PH	ONE NUMBER, IF KNOWN:		RELATIONSHIP TO CHILD:	
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NATURE AND EXTEND OF THE CHILD'S INJURY(IES), MALTRE	ATMENT OR NEGLE	CT:			
INFORMATION CONCERNING ANY PREVIOUS INJURY(IES), MALTREATMENT OR NEGLECT OF THE CHILD OR HIS/HER SIBLINGS:					
LIST NAMES AND AGES OF SIBLINGS, IF KNOWN:					

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURY(IES), MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER:				
WHAT ACTION IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER, OR OTHERWISE ASSIST THE CHILD:				
MINI AUTON II ANT, INO DELICTALLI TO TREAT, I NOTIDE GILETER, OR OTHERWISE AUGUST THE GILED.				
REPORTER'S NAME AND AGENCY:	ADDRESS:	PHONE NUMBER:		
REPORTER 3 NAIME AND AGENCT.	ADDRESS.	PHONE NUMBER:		
REPORTER'S SIGNATURE:	POSITION	DATE:		

By entering my full name, I attest that this constitutes my legal electronic signature on this form.