



CHILD'S NAME:		CHILD'S GENDER:		AGE OR BIRTH DATE:	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
CHILD'S ADDRESS:					
NAME OF PARENT(S) OR OTHER PERSON RESPONSIBLE FOR CHILD'S CARE:				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 OF ORAL REPORT:		DATE AND TIME OF SUSPECTED ABUSE/NEGLECT:	
NAME OF SUSPECTED PERPETRATOR, IF KNOWN:		ADDRESS AND/OR PHONE NUMBER, IF KNOWN:			RELATIONSHIP TO CHILD:

NATURE AND EXTEND OF THE CHILD'S INJURY(IES), MALTREATMENT OR NEGLECT:	

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:

REPORTER'S NAME AND AGENCY:

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.