



REPORT FORM FOR SUSPECTED CHILD ABUSE/CHILD PROTECTION
To be completed immediately upon knowledge or suspicion of child abuse

****DO NOT INVESTIGATE OR ATTEMPT TO GAIN MORE INFORMATION.****
This is a report of concern, not a verification of abuse.

Student Name: _____ Date of Birth _____ Sex _____ Grade _____

Student Address 1: _____

Student Address 2: _____

Parent/Guardian Name (s): _____

Parent Address (if different): _____

Parent/Guardian Phone Numbers: _____

Primary Home Language (If known): _____

List of Sibling(s), Grade, School of Attendance: _____

Describe your concern for the student:

To whom do you report?

- **Child Protection Agency or Local Law Enforcement Agency**
 - **911** if an emergency
 - **Statewide Child Abuse/Neglect Hotline:** 1-844-264-5437
 - **Boulder County Dept. of Housing & Human Services** 303.441.1000
 - **City & County of Broomfield Child Protection Services** 720.887.2271
 - **Gilpin County Dept. of Human Services** 303.582.5444
 - **Boulder Police Dept.** 303.441.3333
 - **Boulder County Sheriff** 303.441.4444
 - **City & County of Broomfield Police Dept.** 303.438.6400
 - **Lafayette Police Dept.** 303.665.5571
 - **Louisville Police Dept.** 303.666.8634
 - **Nederland Police Dept.** 303.258.3250
 - **Gilpin County Sheriff** 303.582.1060
 - **Erie Police Dept.** 303.926.2800

Agency Called: _____	Date: _____	Time: _____
Name of person to whom report was made: _____		
Name of person making this report: _____		
Position: _____		
School: _____		

Complete and Submit to your Supervisor or Building Administrator.