

Report of Suspected Child Abuse or Neglect

CHILD INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DOB: _____ AGE: _____ GENDER: _____ RACE/TRIBAL STATUS: _____

_____ IEP _____ 504 _____ MCKINNEY-VENTO

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

RACE/TRIBAL STATUS _____ PRIMARY LANGUAGE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

RACE/TRIBAL STATUS: _____ PRIMARY LANGUAGE: _____

OTHER CHILD IN THE HOME	AGE	OTHER CHILD IN THE HOME	AGE

TYPE OF ABUSE BEING REPORTED

PHYSICAL ABUSE _____	SEXUAL ABUSE/EXPLOITATION _____	MALTREATMENT/NEGLECT _____
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DATE(S) OF ALLEGED MALTREATMENT: _____

DESCRIBE THE NATURE AND EXTENT OF THE ALLEGED MALTREATMENT OR CONCERNS. DESCRIBE THE SURROUNDING CIRCUMSTANCES ACCOMPANYING THE MALTREATMENT OR CONCERNS. (CONTINUE ON BACK AS NEEDED OR ATTACH DOCUMENTATION)

DESCRIBE HOW THE CHILD(REN) FUNCTION ON A DAILY BASIS. DESCRIBE ANY IMMEDIATE NEEDS THAT THE CHILD(REN) MAY HAVE, THEIR CURRENT LEVEL OF FUNCTIONING, VULNERABILITY, SPECIAL NEEDS, BEHAVIORAL CONCERNS, AND PAST VICTIMIZATION/TRAUMA. DOCUMENT THE CHILD(REN)'S CURRENT LOCATION, SCHOOL/DAYCARE INCLUDING DISMISSAL TIME.

PROVIDE ANY OTHER INFORMATION THAT MAY BE HELPFUL

ORAL REPORT TO CPS: YES NO DATE OF ORAL REPORT: _____

NAME OF CONTACT: _____

ORAL REPORT TO LAW ENFORCEMENT: YES NO DATE OF ORAL REPORT: _____

AGENCY/OFFICER NAME/BADGE NUMBER: _____

SUBMITTED BY: _____

NAME OF BUILDING ADMINISTRATOR NOTIFIED OF REPORT: _____

TIME AND DATE OF ADMINISTRATOR NOTIFICATION: _____

SIGNATURE OF ADMINISTRATOR: _____