

Issaquah School District #411

Print

Child Abuse/Neglect Report To Child Protective Services

Child's Last Name First Middle Birthdate Male Female

Child's address

Name of parent(s) or guardian(s) Home Phone

Home Language

Describe specifically the nature and extent of child's injuries, abuse, or neglect. Be specific, objective and observable.

[Large empty box for describing injuries, abuse, or neglect]

Describe evidence of any previous injuries or neglect. Include dates, if known.

[Empty lines for describing evidence of previous injuries or neglect]

Additional information:

[Empty lines for additional information]

Name of reporting staff member

School

An administrator/designee at the school/s of this child's siblings was notified that this report was made.

Name of CPS worker contacted

Date of report

Time of report

Intake ID#, if applicable

Signature of reporting staff member

Phone In all Reports to: Child's Protective Service/Bellevue 24 Hours Line: 1-800-609-8764 After Hours: 1-800-562-5624

Copies:

Original - Building Principal (retain for six years)