



AURORA WEST SCHOOL DISTRICT 129

INFORMATION REGARDING REPORT MADE TO DEPARTMENT OF HUMAN SERVICES

INSTRUCTIONS:

This form is to be used when a District employee or personnel who suspects or receives knowledge that a student may be an abused or neglected child reports such to the Illinois Department of Children and Family Services (“DCFS”) and is instructed, by a DCFS representative, to contact the Department of Human Services’ Office of the Inspector General.

The District employee or personnel who made the report to DCFS should complete this form and submit it to the District’s Superintendent within 24 hours of speaking with a DHS representative.

Name of Reporter: _____

Date Form Is Completed: _____

Please provide the date and approximate time you called the DCFS Hotline.

Please provide the name of the DCFS representative who instructed you to also contact the Department of Human Services’ Office of the Inspector General (DHS).

Please provide the date and approximate time you called the DHS Hotline.

Please provide the name of the DHS representative(s) with whom you spoke.

Please briefly describe your conversation with DHS.

