

Suspected Child Abuse, Neglect and Exploitation Reporting Form

(Please complete as much information as possible.)

NOTE: Report must be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause that the child has suffered abuse or neglect.

Date of Report: _____

Section 1: Complainant Information

Name of Person filing complaint: _____			
Occupation: _____			
Address: _____			
Street Address	City/State	Zip Code	
Daytime Phone Number: _____		Email Address: _____	

Section 2: Allegation Information

Student's Name: _____	Student's Age: _____
District Student Attends: _____	
School Student Attends: _____	
Name and address of the parent or person having custody of the child (if known): _____	

Facts Upon which the allegation is based:	
Date of Observation: _____	Location: _____
The nature and extent of the suspected abuse or neglect: _____	

Identity of the accused if known: _____	
Any evidence of suspected previous abuse or any other information that may be related to the cause or extent of the abuse or neglect: _____	

Signature of Person Filing Complaint: _____

Contact Information: _____	
ESD 105 Supervisor	Time and date contacted
Building Administrator (or other District Person)	Time and date contacted
Agency to whom you reported	Contact person's name & phone number
Date/Time Reported	Case Number
ESD 105 Superintendent or Designee notified	Time and date contacted