

**CHILD ABUSE IN AN EDUCATIONAL SETTING
CONFIDENTIAL REPORT OF ALLEGATION**

SUBJECT CHILD	PARENT OF SUBJECT CHILD
Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> Address _____ _____ School _____ Grade _____ Sex (M, F, Unknown) _____ Age or Birthday (month/day/year) _____	Name _____ Address (if different) _____ _____
SOURCE OF ALLEGATION (Check as Appropriate)	
<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other -Name _____ Relationship to Child (if any) _____	
ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)	
Name _____ School District _____ School Building _____ School Position _____	
SPECIFIC ALLEGATION	
Use this space to provide information to describe or explain the circumstances surrounding the allegation. (attach additional sheets if necessary)	
REPORTER INFORMATION	
Name _____ School District _____ School Address _____ School Telephone _____ Relationship to Child (if any) _____ <input type="checkbox"/> Teacher <input type="checkbox"/> School Guidance Counselor <input type="checkbox"/> School Nurse <input type="checkbox"/> School Psychologist <input type="checkbox"/> Administrator <input type="checkbox"/> School Board Member <input type="checkbox"/> School Social Worker <input type="checkbox"/> School personnel required to hold teaching or administrator license or certification Date Submitted to Administrator ____/____/____ Signature _____	
FOR ADMINISTRATOR USE ONLY	FOR SUPERINTENDENT OF SCHOOL USE ONLY
Reasonable Suspicion ____Yes ____No	Reasonable. Suspicion ____Yes ____No
Date Submitted to Superintendent ____/____/____ Name/Signature _____ Date Submitted to Law Enforcement: ____/____/____ Name/Signature _____	Date Submitted to Law Enforcement ____/____/____ Name/Signature _____ Date Submitted to Commissioner: ____/____/____ Name/Signature _____