

Iowa Department of Human Services  
**REPORT OF SUSPECTED CHILD ABUSE**

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form to the county office of the Department of Human Services within 48 hours of oral report.

**FAMILY INFORMATION:**

Name of Child:	Age:	Date of Birth:
Address:		
Phone:	School:	Grade Level:
Name of Parent or Guardian:		Phone ( <i>if different from child's</i> ):
Address ( <i>if different from child's</i> ):		

**OTHER CHILDREN IN THE HOME:**

NAME	BIRTH DATE	CONDITION

**INFORMATION ABOUT SUSPECTED ABUSE:** In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the person(s) thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

**REPORTER INFORMATION:**

Name and Title or Position:	
Office Address:	
Phone:	Relationship to Child:
Names of other mandatory reporters who have knowledge of the abuse:	
Signature of Reporter:	Date:

Approved: April 23, 2001

Reviewed: April 27, 2010  
May 26, 2015  
September 26, 2023

Revised: April 26, 2005