

**Child Abuse & Neglect
Referral Form**



THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION

Directions:

Part A shall be completed by VIDE within 24 hours of being notified and sent via email to vicpsreports@dhs.vi.gov, copying mandatoryreporting@vide.vi

Part B shall be completed by the agency the concern was referred to. Return to VIDE within 45 days.

PART A: CHILD & CONCERN KEY POINTS

Date: _____ **Agency Referred To:** _____

Reason for referral: _____

Name of Child: _____ **Age:** _____ **Sex:** _____

School: _____ **Grade:** _____

Child Address: _____

Parent or Custodian Name: _____

What did the reporter see/hear that requires this report? Expound on patterns observed.

Additional Information:

Source of Referral:

Name: _____ **Email:** _____

Address: _____

Occupation: _____ **Telephone:** _____

PART B: ACTION REQUIRED - PROVIDE TO VIDE WITHIN 45 DAYS

Complete and send via email to mandatoryreporting@vide.vi

VIDE's report was (select at least one)

Notice of Action; Acknowledging receipt

Assessed and assigned for investigation

Screened Out (Does not meet Child Protective Services maltreatment criteria)

Case closed; referral and advocacy services provided

Date case concluded:

Contact Telephone:

Contact Email: