# Stanwood-Camano School District
# SUSPECTED CHILD ABUSE AND NEGLECT REPORT

State law requires school personnel to report within 48 hours after there is reasonable cause to believe that a child or dependent adult has suffered abuse or neglect. In conjunction with a phone report to **Region 3 (866-829-2153)** complete this form and obtain an intake number from DCYF. Refer to district Policy 3421 and Procedure 3421P.

**Student Information**

Legal Name: _____

School:_____ Grade: _____ Sex: _____ Birthdate _____ Age:_____

Address: _____ Phone: _____

**Parent/Guardian 1 Information**

Name: _____ Relationship: _____

Address: _____ Phone: _____

**Parent/Guardian 2 Information**

Name: _____ Relationship: _____

Address: _____ Phone: _____

**Siblings or Minors living in households:**

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

**Check space indicating type of suspected abuse being reported. (Check all that apply)**

- o Physical Abuse
- o Sexual Abuse
- o Neglect
- o Emotional Neglect
- o Medical Neglect
- o Sexual Exploitations
- o Other: _____

**State the nature and extent of the alleged injury, neglect, or sexual abuse indicated above.**
(Refer to Procedure 3421P)

**State evidence, nature and extent of any previous suspected abuse and/or reports to CPS.**

**Comments made by the student:**

Name of person **filing** report: _____ Date: _____

School: _____ Principal: _____ Phone: _____

Name of person **receiving** report: _____

Agency: _____ Intake #: _____

**Distribution of Information**

Phone report to DCYF Intake Hotline: **866-829-2153**

Copy of report mailed to: **Smokey Point DCYF**
**3906 172nd St NE Ste 200**
**Arlington WA 98223-7736**

Original report filed with Building Principal or Designee (Record retention 7 years)