



Great Falls Public Schools Department of Family Services Report Documentation Form

Child Abuse Hotline: 1-866-820-5437

Documentation of your call is required and will serve as a record that you fulfilled your responsibilities as a mandatory reporter.

Date of Call: _____ Time of Call: _____ Phone # called from: _____

Name of Caseworker/Supervisor to whom information was given: _____

Claim #: _____

School: _____

Person making report: _____

Child's Name & Birthdate: _____

Other Children in Home: _____

Parent or Guardian: _____

Address: _____

Phone Number(s): _____

IEP or 504 Plan Y N

Tribal Affiliation Y N

(Recommendation: Attach a copy of "Demographic Page" from PowerSchool for additional information.)

Names/Dates of in-district colleagues with whom you consulted:

The conditions requiring this action were:

Signature of Reporter _____

Priority Level

Information Only

P1

P2

P3