

JLF-R – CHILD ABUSE AND/OR NEGLECT REPORTING FORM

Report to the **New Hampshire Division for Children, Youth and Families (DCYF) Central Intake:**

CALL: 1 (800) 894-5533 / (603) 271-6562

Central Intake Fax: 603-271-6565

In cases of **current emergency, imminent danger or safety concerns, call 911.**

Recommendation to fill out the form prior to calling.

☐ Lyndeborough Central School	☐ Florence Rideout Elementary School	☐ Wilton- Lyndeborough Coop. MS/HS	Report Form Date & Time: Date: _____ Time: _____		
Child Information:					
Child Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Additional Information Regarding Special Needs/Considerations: (e.g., communication, developmental delays, IEP, etc.)					
If KNOWN, Provide Sibling Information (or Information of other children in the home). If UNKNOWN, skip.					
Sibling # 1 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling # 2 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling # 3 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling # 4 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:

Sibling # 5 Name: First: Last: Nickname(s):		DOB:	Age:	Sex:	School Name:	Grade:
Additional Information Regarding Special Needs/Considerations of Siblings: (e.g., communication, developmental delays, IEP, etc.)						
Legal Parent(s)/Guardian Information:						
Legal Parent/Guardian Name(s): 1. 2.		Address (Where Child Resides with Parent(s)/Guardian(s):				
Phone Number(s): (Provide any KNOWN Phone Number(s) & Work Names):						
Home:	Cell:	Work:	Work Name:			
1.	1.	1.	1.			
2.	2.	2.	2.			
Additional Information Regarding Special Needs/Considerations of Parent(s)/Guardian(s): (e.g., communication, developmental delays, mental health, substance use, domestic violence, etc.)						
Incident Information:						
Reporter Name: First: Last:				Title/Role at School/Org./Program Name:		
School/Org./Program Name/ Address:						
Date of Report to NH DCYF:		Time of Report to DCYF:		Mode of Report: (Check ONE) ☐ Disclosure Allowed ☐ Disclosure NOT Allowed ☐ Anonymous		

Person Completing this Report (If different from "Reporter Name" above)		
Name: First: Last:		Title/Role at School/Org./Program Name:
Reason for Report (e.g., Alleged Perpetrator, Type of Suspected Abuse (Physical/Sexual/Emotional)/Neglect and Date)		
NOTE: For suspected physical or sexual abuse, do NOT contact the parent(s)/guardian(s) regarding this report. Let DCYF/Law Enforcement be the first point of contact with the parent(s)/guardian(s) to protect the child and any potential evidence.		
Did the Child Disclose Information? ☐ YES ☐ No		
If YES, provide the child's EXACT words and any dialog you had with the child. If NO, please explain what led to your suspicion of child abuse/neglect. Use additional paper as needed.		
NH DCYF Response:	☐ Screened-In ☐ Screened-Out	Report Number:
Additional DCYF Response Directions:		(Provided by NH DCYF Central Intake) DCYF Central Intake worker Name:
School/Org. /Program Name Principal/Director Informed: ☐ Yes ☐ No		
If YES, Principal/Director Name/Title:		Check ALL that Apply: ☐ Verbally Notified ☐ Provided this Report Form
Police Notification: ☐ Yes ☐ No		

Legal Reference:

First Reading: October 28, 2025

Second Reading: November 18, 2025

Final Adoption: November 18, 2025

Revision: