EXHIBIT-5141.4

SUSPECTED CHILD ABUSE REPORT FORM

STUDENT: _____ DOB: _____
STUDENT CASE NUMBER(S): _____
SCHOOL NOW ATTENDING: _____
PARENTS' NAMES: _____
MAILING ADDRESS: _____
RESIDENCE ADDRESS: _____

REPORTED BY: _____
DATE, TIME REPORTED: _____
REPORTED TO (name, agency, contact no.): _____
_____
WRITTEN CONFIRMATION PROVIDED TO (date, name, method of contact and contact fax no. or email address) (ATTACH COPY OF WRITTEN REPORT):
_____
_____

TYPE OF SUSPECTED ABUSE (i.e., neglect, sexual, etc.):_____
_____

SPECIFICS OF INFORMATION KNOWN: _____
_____
_____
_____
_____

DATE AND TYPE OF ACTION TAKEN: _____
_____
_____
_____
_____

SIGNATURE: _____ DATE: _____

FOLLOW-UP ACTION (DH&SS): _____
_____
_____

Adopted in Consultation with Legal Counsel: May 23, 2005
Reviewed & Renumbered: September 20, 2010
Reviewed: December 15, 2025